



# Archdiocese of San Antonio

## FUNERAL DIRECTIVES (SHORT FORM)

### PERSONAL INFORMATION

I choose **not** to have a copy of the pertinent health care/end-of-life documents on file, at the Pastoral Ministry Center. In order to assist those responsible for my care, and in the event of my incapacitation or death, a copy of such forms can be found with the following individual(s):

#### Information of Contact Person(s):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

#### Funeral Directives:

In the event of my death, please call the following funeral home:

\_\_\_\_\_

I would like my funeral Mass to be celebrated in the following parish:

\_\_\_\_\_

I would like to be buried in the following cemetery:

\_\_\_\_\_