



ARCHDIOCESE
— of —
SAN ANTONIO

Funeral Arrangements for Priests

IMPORTANT: Please fill out, print and mail the following documents to the Office of the Chancellor.

If you are experiencing problems opening or filling in the documents listed below, you might need to [download the latest version of Adobe Reader](#).



ARCHDIOCESE OF SAN ANTONIO PRIEST FUNERAL AND BURIAL INSTRUCTIONS

The following information, concerning funeral and burial instructions reflects my preferences and desires with regard to the actions to be taken upon my death. This information has been discussed with my family members and/or power of attorney and/or executor of my will. This information is intended to assist my family, and the Archdiocese of San Antonio, in their responsibilities for making the necessary arrangements upon my death.

Name: _____ Date: _____

I appoint _____ at phone number: _____ to be responsible for making my funeral arrangements. If not available to do so, I appoint

_____ at phone number: _____.

At my death, I would like _____ Funeral Home to be contacted at _____ . The address is: _____.

I do () or do not () have a pre-arranged funeral agreement with this funeral home.

I do () or do not () have a burial lot (# _____) or crypt (# _____).

Name of cemetery: _____

I do () or do not () have arrangements to donate my body.

I wish to have the Vigil for the Deceased and the Funeral Mass at:

Vigil: _____

Funeral Mass: _____

I wish the following bishop/priest to conduct the services:

Vigil: _____

Funeral Mass: _____

I prefer the following bishop/priest to preach the homily:

First Choice: _____

Second Choice: _____

I prefer that instead of sending flowers, Masses/memorial gifts be made to:

I make the following liturgical suggestions, for my funeral Mass:

First Reading: _____

Psalm: _____

Second Reading: _____

Gospel: _____

Prayers: _____

Music: _____

Other Suggestions:

Prayer on back of Memorial Card:

I prefer to be buried at the following cemetery (include name and address):

Type of casket preferred: _____

Pallbearers:

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Alternate Pallbearers

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Name	Relationship	Telephone
------	--------------	-----------

Vestments for burial: (Clergy Office provides a new white chasuble & stole, if desired).

PARTICULAR INSTRUCTIONS TO FUNERAL HOME: _____

Personal information needed by the funeral home/Funeral Mass preparation:

Residence Street Address	City	State	Zip Code
--------------------------	------	-------	----------

Social Security Number

Father's Name

Mother's Complete Maiden Name

Date of Birth

Place of Birth

KEY INDIVIDUALS TO NOTIFY:

Name of Next of Kin

Relationship

Phone

Executor of Will

Relationship

Phone

Attorney's Name

Law Firm

Phone

Location of Will: safety deposit/bank/lawyer's office, in rectory office, etc.

CLOSEST LIVING RELATIVES:

1. _____
Name Relationship Phone

Residence Street Address City State Zip Code

2. _____
Name Relationship Phone

Residence Street Address City State Zip Code

3. _____
Name Relationship Phone

Residence Street Address City State Zip Code

4. _____
Name Relationship Phone

Residence Street Address City State Zip Code

5. _____
Name Relationship Phone

Residence Street Address City State Zip Code

INSURANCE POLICIES:

1. Archdiocesan Policy Number: _____

Value or Type Policy: _____

Beneficiary: _____

Telephone: _____

2. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

3. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

4. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

5. Policy Number: _____

Value or Type Policy: _____

Agent: _____

Telephone: _____

PRIEST'S PERSONAL EFFECTS

In order to prevent confusion, as to ownership of various items located in the parish rectory and church, please list items which are your personal property. Be as specific as necessary, so that your personal effects can be identified by those who will be responsible for your estate. It is helpful to state the location of such items. **Please use an additional sheet of paper, if additional space is required.**

Vestments: _____

Sacred Vessels: _____

Books: (State the name and location of any personal books): _____

Please specify recipient: _____

Donate to library, family member, friend, etc.: _____

Furnishings: _____

Please specify recipient: _____

Art Work: _____

Please specify recipient: _____

Electronic Devices: Please specify recipient:

Stereo: _____

Television: _____

Computer, Ipad etc.: _____

Cell Phone: _____

Other: _____

Sporting/Athletic Equipment: _____

Other Items: (please specify: special articles, plants, pets, etc.)

Please Print Name: _____

Date: _____

Signature: _____