



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:
