

Good Samaritan Catholic Church

Ellijay, GA

Funeral- Vigil-Interment Details

1. Funeral Mass or Service Details

Est. # people attending funeral: _____

Name of Deceased (full name, and nickname) _____

Funeral Mass with body/with cremains

Memorial Mass no body or cremains

Funeral Service without Mass

Date: _____

Time: _____

Location: _____

Funeral Home or Church

Funeral Home, name and address:

Priest and/or Deacon presiding _____

Family Contact's Name _____ Relationship: _____

Phone (home) _____ **Email:** _____

Phone (cell) _____ **Phone** (work) _____

2. Vigil or Other Services requiring a Priest or Deacon.

a. **Vigil/Visitation** at Church at Funeral Home **Date/Time** _____

Will rosary be prayed? Yes No **Time** _____

No Vigil/Visitation **Priest/Deacon** _____

3. Interment

Name of Cemetery/Mausoleum _____

Immediate **Delayed** **If delayed, Day/Date** _____ **Address** _____

Body **Ashes** **Time** _____ **City** _____

N/A Interment elsewhere **Priest/Deacon** _____