

# Parish of St. Martin of Tours

40 Seaman Ave., Bethpage NY 11714 Phone: (516) 931-0818 Fax: (516) 931-0559

## Funeral Information Form (Please print)

Name of Deceased: \_\_\_\_\_

### Contact Person:

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

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

EMAIL ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

### Information concerning the Deceased:

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

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death: \_\_\_\_\_

Burial at which cemetery? \_\_\_\_\_

Please check: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Please list names of immediate family survivors you would like the celebrant to be aware of:  
(children, grandchildren, relatives, special friends)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How do you wish the deceased to be addressed during the funeral? \_\_\_\_\_

Any other information? \_\_\_\_\_

\_\_\_\_\_

**Parish of St. Martin of Tours, Bethpage**

**Funeral Mass Information**

**Songs or Hymns**

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**Scripture Readings**

*Please choose the First Reading from the Old Testament. (Unless during the Easter Season. Please refer to the Funeral Liturgy booklet.)*

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Selection #

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Reader

Responsorial Psalm will be selected by the organist.

*Please choose the Second Reading from the New Testament.*

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Selection #

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Reader

Gospel will be selected and read by the deacon or priest.

**Offertory**

Family members or friends who will bring up the gifts at the Offertory:

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