HOLY CROSS
CATHOLIC CEMETERY
& MAUSOLEUM

Service Information – Part One

The following is an expression of my funeral service decisions:

Funeral Home/Mortuary/Crematorium Preferred _____

Address _____
Street City State Zip

Phone _____ Email _____

Place of Service Funeral Home/Mortuary _____ Church _____

☐ Cemetery/Memorial Park ☐ Graveside ☐ Memorial Service

☐ Other _____

Religious Preference _____ Celebrant/Clergy _____

Participating Organizations *(military, fraternal, lodge, etc.)* _____

Flag ☐ Draped ☐ Folded ☐ Presented to _____

Visitation/Wake Service ☐ Public ☐ Private ☐ None

Viewing ☐ Public ☐ Private ☐ None

Clothing Preference ☐ From Current Wardrobe ☐ New ☐ Other

Description/Color _____

Personal Accessories

Wedding Band ☐ Stays On ☐ or Return to _____

Eye Glasses ☐ Stays On ☐ or Return to _____

Other ☐ Stays On ☐ or Return to _____

Floral Preference *(type and color preference)* _____

Memorial donation may be made to _____

Music

Organist _____ Soloist(s) _____

Music Selections _____

Religious Passages Selected _____

Eulogy by _____ Notations for Eulogy _____

4470 Hilltop Drive • San Diego, CA 92102 • (619) 264-3127 • FAX (619) 264-7852

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Service Information – Part Two

Pallbearers' Names Relationship Phone/Email

_____

_____

_____

_____

_____

_____

Honorary Pallbearers' Names Relationship Phone/Email

_____

_____

_____

_____

_____

Special instructions, notes, awards, life achievements, pictures, obituary requests, or items to be placed with remains _____

_____

Newspaper Notices *(Names of Papers)* _____

Casket ☐ Open during service ☐ Closed during service

Type of Casket ☐ Hardwood ☐ Metal ☐ Cremation Coffin ☐ Other

Description _____

These services have been pre-arranged ☐ Yes ☐ No

I have a Travel Assurance Protection Plan ☐ Yes ☐ No

Name of Plan _____ Contact # _____

Name of Receiving Funeral Home _____

Address _____
Street City State Zip

Phone _____ Email _____

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