LAY FRATERNITIES OF SAINT DOMINIC

DOMINICAN PROVINCE OF SAINT MARTIN DE PORRES

FUNERAL INSTRUCTIONS FORM

NAME: _____

DATE: _____

ADDRESS: _____

_____

_____

HOME TELEPHONE: _____ **CELL PHONE:** _____

NEXT OF KIN: _____
(name / relationship)

_____

_____

INSTRUCTIONS FOR SACRAMENTALS:

I wish the following to be placed on my remains:

Dominican Cross ☐ Pin☐ Scapular☐ Habit☐

Other: _____

I request that the following be passed on to a deserving Lay Dominican:

Dominican Cross ☐ Pin☐ Scapular☐ Habit☐

Other: _____

I request that the following individuals receive the following items:

Recipient 1 Name:_____

Dominican Cross ☐ Pin☐ Scapular☐ Habit☐

Other:_____

Recipient 2 Name: _____
Dominican Cross ☐ Pin☐ Scapular☐ Habit☐

Other:_____

FUNERAL REQUESTS:

I wish to have an open casket: YES ☐ NO☐

I wish to be cremated: YES ☐ NO☐

I wish to have a Rite of Christian Burial mass: YES ☐ NO☐

If yes, at what location: _____

I wish to have a Memorial Service: YES ☐ NO☐

If yes, at what location: _____

WAKE REQUESTS:

I wish to have a wake: YES ☐ NO☐

If yes, at what location: _____

For my wake, I would like:

The Dominican Rosary prayed: YES ☐ NO☐

The Office of the Dead prayed: YES ☐ NO☐

If yes, by which Group/Chapter: _____

A Scripture Service: YES ☐ NO☐

A Dominican Wake Service: YES ☐ NO☐

Come and pray individually: YES ☐ NO☐

BURIAL ARRANGEMENTS:

I have a burial plot/mausoleum reserved at:

Location:_____

Address: _____

_____

I am eligible and wish to be interred at a National Cemetery: YES ☐ NO☐

Preferred National Cemetery: _____

I have attached further detailed instructions to this form: YES ☐ NO☐

SIGNATURE _____

DATE: _____