



ST. MICHAEL CATHOLIC CHURCH, POPLAR SPRINGS  
1125 ST. MICHAEL'S ROAD  
MT. AIRY, MD 21771  
410-489-7667, 410-442-1717

Funeral Contact Form

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

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

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

Date of Funeral: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Priest/Deacon: \_\_\_\_\_

Obituary Published?  Yes  No

Will there be visitation at the funeral home?  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Cremation?  Yes  No

Will body be present?\*  Yes  No

Will the cremated remains be present?\*  Yes  No

\*If neither body nor cremated remains will be present, this will be a Mass of Remembrance.

Permission to notify parish  Yes  No

Contact Person for Arrangements:

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

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Who Presides? \_\_\_\_\_

Will there be a repast following the funeral?

Repast at St. Michael \_\_\_\_\_ Repast elsewhere \_\_\_\_\_

Contact [Parish\\_Secretary@stmichaelpoplarsprings.org](mailto:Parish_Secretary@stmichaelpoplarsprings.org) to be connected with the coordinator of Funeral

Meal Committee to make arrangements for a repast here.

Information for Worship Aid:

Cover photo to be emailed to [Parish\\_Secretary@stmichaelpoplarsprings.org](mailto:Parish_Secretary@stmichaelpoplarsprings.org)

Approximate number of worship aids needed: \_\_\_\_\_

(Date this form was completed: \_\_\_\_\_ By whom: \_\_\_\_\_)