



**CHURCH OF OUR LADY OF LOURDES**

114, Jalan Tengku Kelana, 41000 Klang, Selangor

Tel : 03-33713053

Fax : 03-33737823

Request for A Funeral Ceremony in Church

Date: \_\_\_\_\_

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

Residence of Deceased: \_\_\_\_\_  
\_\_\_\_\_

BEC Coordinator: \_\_\_\_\_ Tel: \_\_\_\_\_

Baptism of deceased: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church)

Marriage of deceased: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church)

Name of Spouse : \_\_\_\_\_

Funeral Ceremony  
Requested by : \_\_\_\_\_

Relation to decease : \_\_\_\_\_

Residence : \_\_\_\_\_

Tel : (H) \_\_\_\_\_ (O) \_\_\_\_\_ (H/P) \_\_\_\_\_

Funeral Ceremony in: English  Tamil  Bahasa  Mandarin

Funeral Ceremony: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Burial Place: \_\_\_\_\_ Plot No : \_\_\_\_\_

Facilitator : Parish  Family

**For Office use only:**

1). Eucharist Celebration  2) Funeral Service

Arrangement for Facilitator: Who: \_\_\_\_\_

By Whom: \_\_\_\_\_

Date / Time: \_\_\_\_\_

Organist: Who: \_\_\_\_\_

By Whom: \_\_\_\_\_

Date / Time: \_\_\_\_\_

Confirmation by Parish Priest: \_\_\_\_\_