



Church of St Michael

17 St. Michael's Road
Singapore 327976
Tel: 6291 9272

REQUEST FOR FUNERAL MASS/SERVICE

Name of deceased: _____

Residential Address: _____
_____ S. _____

Age: _____ (M/F) _____ Date of death: _____

Place of Death: _____

Date of Funeral: _____ Day: _____ Time of Mass: _____

Celebrant/s: Rev Fr. _____

Funeral Minister : _____ Contact HP No. _____

@ **MANDAI** Crematorium: Yes (*otherwise state:* _____)

Time of Cremation: _____ Hall No.: _____

Wake at: _____

Informant's Name: _____

Address: _____
(*if different from deceased*)

I/C No.: _____ Relationship to deceased: _____

Contact Numbers: _____ Love Offering: \$ _____

Official Receipt No. _____

Signature

Date