

*Diocese of St. Petersburg*  
**PRIEST FUNERAL PLAN**

*PLEASE PRINT OR TYPE YOUR INFORMATION*

Name \_\_\_\_\_

**GENERAL INFORMATION**

Location of original of Last Will & Testament

Name of Office \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Location of original of "Living Will"

Name of Office \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Your designated "Power of Attorney"

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Your designated "Health Care Surrogate"

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Name of your primary physician

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**INFORMATION FOR DEATH CERTIFICATE**

YOUR FULL LEGAL NAME

Last Name		First Name	Middle Name
Date of birth (mm/dd/yyyy)	Place of birth (city & state) or (city & foreign country)		
Citizen of (country)		Social Security #	
Father's Name (First, Middle & Last Names)			
Mother's Name (First, Middle & Last Names)			

**INFORMATION REGARDING FUNERAL**

PREFERRED FUNERAL HOME

Funeral Home			
Street Address			
City	State	Zip	Phone Nr. (Area Code)

Preferred Church for Funeral Rites \_\_\_\_\_

Preferred celebrant / homilist for Wake Service \_\_\_\_\_

Preferred celebrant / homilist for Funeral Mass \_\_\_\_\_

Preferred cemetery for burial \_\_\_\_\_

If you have made pre-arrangements, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Any other special requests or preferences:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WHEN COMPLETED, PLEASE RETURN TO:  
DEACON RICK WELLS, JCL, CHANCELLOR  
DIOCESE OF ST. PETERSBURG  
P.O. BOX 40200, ST. PETERSBURG, FL 33743-0200