

West Wyalong Mission Funeral Details

Name of the deceased person (include maiden):

Name of Priest/Deacon:

Aged:

Residence:

Date of death:

Place of death:

Date of Birth:

Place of Birth:

Marital Status:

Children:

Place of Service:

Type of Service:

Date of Service:

Place of Committal:

Date of Committal:

Next of Kin:

Occupation:

Comments/Preferences:

With Mass

Without Mass

Grave Side