THE CHURCH OF ST. ROSE OF LIMA

2 BAYVIEW AVENUE, MASSAPEQUA, NY 11758 Phone: 516-798-4992 - Fax: 516-795-7836

Dear Friends,

The Parish Community of St. Rose of Lima extends our sympathy and love at this time of your loss. In an effort to make the Funeral Liturgy a fitting tribute to your loved one, and as personal as possible, we ask you to fill out this short biography and return it to the Funeral Director who will forward it to the church well before the Funeral Mass. We thank you for your time, and please be assured of our prayers.

Sincerely,

Rev. Gerard Gentleman, Pastor

DECEASED'S NAM	E		
			TIME
PERSONAL HISTORY	Y WORKSHEET	S - page 1	
Name you wish the dece	eased to be called:		
Place and date of Birth:			
			[] Single—Never married
Spouse's Name:			(Living/Deceased)
Parishioner of SROL:	Years:		
Children's names	Please indicate i	f living (L) or deceased (D)	
Parents:	Please indic	rate if living (L) or deceased	1 (D)
Siblings:			
# of Grandchildren		of Great-grandchil	dren

THE CHURCH OF ST. ROSE OF LIMA - PERSONAL HISTORY WORKSHEET - page 2

Dl	ECEASED'S NAME	FUNERAL DATE	TIME
go		t make this person special? (i.e., caring, a gring, sense of humor, family centered, overcar	
2.			
3.	Special Interest/Hobbies/Talents:_		
4.	Any special family gatherings or c	relebrations in recent years?	
5.	Was this a lingering illness or sudo	den death?	
6.		during his/her illness?	
		lationship with God? (Mass, Rosary, involve	ment in Parish Ministry or
8.	Please add any additional informat	tion you feel would be helpful to the Priest: _	