



Certificate of Funeral

Name and Address of Parish

Dissolved Parish or Church: _____

FAMILY NAME	FIRST NAME
DATE OF BIRTH (Y-M-D)	PLACE OF RESIDENCE (MUNICIPALITY, PROVINCE, COUNTRY)
DATE OF DEATH (Y-M-D)	PLACE OF DEATH (MUNICIPALITY, PROVINCE, COUNTRY)
FATHER OR OTHER CIVIL FILIATION	MOTHER OR OTHER CIVIL FILIATION
DATE OF FUNERAL (Y-M-D)	MINISTER'S NAME
PLACE OF BURIAL OR DISPOSITION OF ASHES	

SEAL

ISSUE ON _____

September 2021

DEPOSITARY OF REGISTERS – *Code of Canon Law, canon 535 § 3*