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ST. JAMES PARISH FUNERAL INFORMATION SHEET

Day of Service: _____ Date of Service: _____ Time: _____

Name of Deceased: _____

Address: _____

Date of Death: _____ Date of Birth: _____ Age: _____

Family Information:

Next of Kin/Contact Person for the Family: _____

Phone Number: _____ Email: _____

Relationship to the Deceased: _____

Address: _____

Funeral Home: _____ Address: _____

Phone number: _____ Contact: _____

Wake days and times: _____

Cemetery: _____ Chapel Graveside Mausoleum

Cremated Remains: Yes No

Visitation in Church: Yes Time: _____ No

Priest: _____ Deacon: _____

Wake Visitation: _____

Priest/Deacon for cemetery: _____

Registered parishioner: Yes No

Musicians:

Parish Funeral Coordinator: _____

Family returned call Yes No