



**CHURCH OF THE SACRED HEART OF JESUS
CHAPEL OF OUR LADY OF GOOD HEALTH**

152 Jalan Peel, 55100 Kuala Lumpur



REQUEST FOR FUNERAL MASS/SERVICE

Name of the deceased: _____

Age: _____ IC No: _____

Sex: _____ Religion: _____ Race: _____

Received Baptism at: _____

Residence at Death: _____

BEC: _____

Father's Name: _____

Mother's Name: _____

Date of Death: _____

Cause of Death: _____

Name of Informant: _____

IC No: _____

Address: _____

Tel No: (Hp) _____ (Hse): _____

Relationship to the deceased: _____

Funeral Mass/ Service on: _____ Time: _____

Date of Burial / Cremation: _____ Time: _____

Place of Burial / Cremation: _____

(Please attach a copy of the Burial Permit)

Form received by: _____
Date: _____