



The CATHOLIC CHURCH
of ST JOHN *the* EVANGELIST
CALGARY

A Roman Catholic Parish of the Personal Ordinariate of the Chair of Saint Peter

DEATH REGISTER FORM

Please PRINT all details in capital letters

Full Name of Deceased : _____

Date of Birth : _____

Full Name of Father : _____

Full Name of Mother : _____

Full Name of Husband (*if applicable*) : _____

Full Name of Wife (*if applicable*) : _____

Officiating Priest : _____

Sacraments Received in the Catholic Church : _____

Date of Burial : _____

Place of Burial : _____

Please return this form via post or e-mail to:

1423 8th Avenue S.E., Calgary, Alberta, T2G 0N1, Canada | frkenyon@calgaryordinariate.com | 403.764.6827