

**THE ANGLICAN DIOCESE OF TRINIDAD AND TOBAGO  
ALL SAINTS' CHURCH**

**REQUEST FOR FUNERAL**

NAME OF DECEASED: ..... AGE: .....

ADDRESS: .....

PLACE OF BIRTH: .....

CAUSE OF DEATH: .....

DATE OF DEATH: .....

CHURCH DENOMINATION: .....

WORSHIPPED/COMMUNICANT AT: .....

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Date and Time of Funeral: .....

Funeral Agency: ..... Cemetery/Cremation Site .....

Officiating Minister: ..... Death Certificate seen by: .....

Informant: .....

Address: ..... Telephone: .....

Relationship to the deceased: .....

Contribution /fee: .....

At the Rector's discretion, the fee may be dispensed with and a contribution given by the family of the deceased.

Hymns requested: .....

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Rector/Parish Priest.