



Archbishop's Annual Appeal Burial Assistance Fund Parish Referral Form

To be completed by the Pastor or Priest and forwarded to your local Dean

Parish Name: _____

Address: _____

Phone: _____

Pastor or Priest Name: _____

Signature: _____

Date: _____

Name of deceased: _____

Amount Requested: _____
(The maximum funds available is \$1,000 per funeral)

Cemetery Name: _____

Cemetery Address: _____
Funds will be sent directly to the cemetery for burial expenses

Is the parish contributing to funeral expenses? If so, how? For example fee waived for organist.

Briefly explain why the funds are needed. _____

This portion to be completed by the Dean:

Amount Provided: _____

Date Processed: _____

Approval Signature: _____