



Catholic Daughters of the Americas
Funeral Service and Last Rites Request



Name: _____ Address _____

City & State _____ Phone: _____ Date: _____

1. Do you want flowers or an equal amount given to your charity?
Flowers _____ Equal amount to my Charity/Organization _____
If you choose flowers, whom to you want to receive them: _____
If charity/organization, indicate name and address _____

2. Do you want the Catholic Daughters to do any of the following:
a) Resolution of Condolence
b) Honor guard at the wake or Rosary and funeral Mass.
c) Pallbearers
d) Lead the Rosary
e) Presentation of a CDA pin to your spouse or _____

3. Name of Pallbearers

4. Do you have a special request? _____

5. Does your husband agree with the above? If so, please have him initial _____

Member's Signature

- 1. Return completed form to the Regent.
- 2. Keep a copy for your records.
- 3. Give a copy to a family member