**CATHEDRAL OF THE HOLY SPIRIT**

1, TINGKAT BESI SATU, ISLAND PARK, 11600 PENANG

04 658 4909/ 04 656 6681/ 04 656 4309 (Fax)

**NOTIFICATION OF DEATH**

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| **PARTICULARS OF DECEASED:** |
| Full Name |
| Age: | Sex:  |
| Date of Birth:  | BC/ IC Nos: |
| Date of Baptism: | Place of Baptism: |
| Husband/Wife of: | Date of Marriage: | Church of: |
| Son / Daughter of :  |
| Address of Deceased (for the past 6 months) |
| Date of Death: | Place of Death/ Cremation: |
| Death/Burial Cert No: | Issued At: | Date: |
| **FUNERAL INFORMATION** |
| Funeral (for office use): Mass/ Service …………………………………..Language (please tick) : English Mandarin:……. Tamil  |
| Date: | Time: | Place |
| Use of Prayer Rooms ( Yes / No )St John Hoan (Prayer Room 1) / St Joseph Luu (Prayer Room 2) |

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| **PARTICULARS OF PERSON WHO NOTIFIED** |
| Name (as per IC) | IC No: |
| Relationship: | Contact No: |

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| **BEC / ZONE LEADER CONFIRMATION** |
| Name: | BEC/Zone: |
| Contact No: | Signature |

Note:

1. You are required to fill this form and submit to the Parish Office
2. Please attach the following documents:
3. Photocopy of IC (deceased)
4. Photocopy of Death Certificate

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| **FOR OFFICE USE** |
| **Date Of Notification** |
| **Donation for Usage of Facilities**Mass / Service RM50 Prayer Room 1 or 2 Without Air Con RM50.00 RM400.00 per night (parishioner) With Air Con RM200.00 RM500.00 per night (non-parishioner) LCD RM50.00 Receipt Nos / Date: ……………………………………… |
| Minister: |
| Commentator: |
| Organist: |
| LCD: |
| Lector: |
| Communion Minister: |
| Sacristan: |
| Altar Server: |