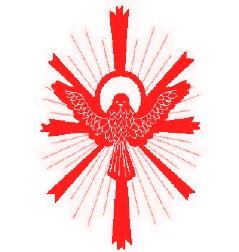
**CATHEDRAL OF THE HOLY SPIRIT**

1, TINGKAT BESI SATU, ISLAND PARK, 11600 PENANG

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

**NOTIFICATION OF DEATH**

|  |  |  |  |
| --- | --- | --- | --- |
| **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) | | | |

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

|  |  |
| --- | --- |
| **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

|  |
| --- |
| **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: |