



## Saint John-Paul II Assembly – 3553 Memorial Remembrance



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Council \_\_\_\_\_

1. Do you want a Memorial Remembrance? YES, NO.
2. If yes, choose recipient: PARISH/MISSION, PRIEST, or DIOCESAN NEED?

Recipient \_\_\_\_\_

Address \_\_\_\_\_

Other means of Contact \_\_\_\_\_

3. Type of memorial\* you wish given to the selection in #2.

CHALICE

CIBORIUM

GOSPLE BOOK

SACRAMENTARY

VESTMENT

PROCESSIONAL CROSS

ALTAR DRESSING

OTHER – specify \_\_\_\_\_

\*Maximum donation \$400

4. Do you want the 4<sup>th</sup> Degree Color Corp to participate in your:

FUNERAL VIGIL

FUNERAL MASS

(circle one or both)

5. If you have Color Corp Regalia, would you like to donate to someone?

CAPE \_\_\_\_\_

CHAPEAUX \_\_\_\_\_

SWORD \_\_\_\_\_

6. May the Faithful Admiral contact your survivor(s) to fulfill your wishes? YES NO

Sir Knight's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sir Knight's Wife or  
Family-member Signature \_\_\_\_\_ Date \_\_\_\_\_