

**REGISTER of FUNERALS of the Parish:** \_\_\_\_\_

Year: \_\_\_\_\_

No	DATE OF FUNERAL (Y-M-D)	DECEASED	Residence (Municipaly)	Date of birth (Y-M-D)
Date	DEATH	Place	Father or other civil filiation	Mother or other civil filiation
Place of burial or disposition of ashes			Minister	

No	DATE OF FUNERAL (Y-M-D)	DECEASED	Residence (Municipaly)	Date of birth (Y-M-D)
Date	DEATH	Place	Father or other civil filiation	Mother or other civil filiation
Place of burial or disposition of ashes			Minister	

No	ATE OF FUNERAL (Y-M-D)	DECEASED	Residence (Municipaly)	Date of birth (Y-M-D)
Date	DEATH	Place	Father or other civil filiation	Mother or other civil filiation
Place of burial or disposition of ashes			Minister	

SEAL

CERTIFIED TRUE TO THE ORIGINAL \_\_\_\_\_

*Depositary of the Registers - Code of Canon Law, Canon 535 § 3*