



Honor Guard Request for Funeral



Full Name of deceased: _____ Council: _____

The following information is needed for the Perpetual Memorial Society

Date of birth: _____ Date of death: _____

Was this deceased person a Knight or immediate family member of a Knight (please explain)

The following is needed for Knights of Columbus verification from the Funeral Home

Name of Funeral Home: _____

Telephone number of funeral home: _____ Contact Name: _____

Will there be Military Honors: _____ Is there a request for the Knights at the interment: _____

Location of interment: _____ Date of interment: _____

Name of Cemetery: _____ Time of interment: _____

Address of Cemetery: _____

Viewing

Viewing date: _____ Start Time for public: _____ Knights show time: _____

Location of the viewing (address) : _____ Room: _____

What time will the Hearse arrive: _____ Who will lead the Rosary: _____

Start time of the Rosary: _____ End time of Viewing: _____

Mass Information for the Knights Of Columbus

Date of Funeral: _____ Time of Funeral: _____ Knights Show time: _____

Name of Church: _____

Location of the Church (Name - Address:) : _____

At what time will the Hearse arrive at the Church (important): _____

Will the Knights of Columbus be asked to escort the Gifts or the Family: _____

When will the presentations be given during the mass: _____

Who will receive the presentations for the Family: _____

When this form is completed please scan/pdf the form and email to the person who gave you the form

Person filling out this form: _____ Telephone #: _____

Email a copy of this to your assigned Color Corps Commander for your Council / Assembly.

A reminder on Letters of Condolence (Council and Assembly and Perpetual Memorial)

<https://www.coloradokofc.org/perpetual-memorial/>