

Deceased Name: _____

Contact Person: _____ **Date of Funeral:** _____

PAYMENT SCHEDULE -FUNERAL COSTS

2025

Payment is due at the funeral. Please make check payable to **St. Catherine of Siena Church** and note "Funeral" in memo line.

Parish Hall Rental-4 Hours of Use (\$300) \$ _____
Includes Linens & Cleaning fee.

Cemetery Fee (\$300) \$ _____
St. Catherine and Town of Shelburne

Caterers with food -Kitchen Use (\$50) \$ _____

Music Fee \$ N/A
Contact musicians directly for payment.

Funeral Church/Priest Offering (\$150) \$ _____

TOTAL COST OF RENTAL: ? \$ _____

CK Amount \$ _____ Name on Check _____ Date _____ CK # _____