THE CHURCH OF ST. MAXIMILIAN KOLBE

Miscarriage Ministry
Intake Form

I understand that information on this form will be confidentially shared with St. Max's Miscarriage Ministry, church office staff as needed for administrative support, and any funeral home for coordination of care.

Your signature:_____

Parent Name(s) _____ **Phone**_____

Address _____

Religious affiliation_____ **Today's Date**_____

Gestational age of baby _____ **weeks**

Disposition of Baby

Funeral home name _____ **OR Personal possession** _____

List any Siblings of Baby ~ In order to provide for sibling keepsakes:

first name	**gender**	**age**

"Every human person- no matter how vulnerable or helpless, no matter how young or old, no matter how healthy, handicapped or sick, no matter how useful or productive for society is a being of inestimable worth created in the image and likeness of God"- Saint John Paul II

OFFICE USE ONLY

Supportive care purse – Date given _____ by_____

If Rite of Prayer or Internment is Requested, notify priest; if applicable,

Date notified _____ by_____

Date of Scheduled Rite of Prayer/Blessing _____

Date & Time of Scheduled Internment _____

Bobi Meehan notified of Internment on: _____ by_____
952-242-7865 (cell) or bobibehr@aol.com

Black Casket _____ (given ONLY after receiving a completed internment application along with payment)

Date given_____ by_____