

*At The Catholic Cemeteries Association,
We Can Assist You With Making Decisions About.....*

Selecting the proper grave or crypt space

Choosing the right type of memorial

Planning for your funeral

Handling Nursing Home and Medicaid spend down situations

**REGISTER FOR MEMORIAL MASS FOR YOUR
DECEASED FAMILY MEMBER**

On the reverse side of this card you can register your
deceased family members for a **Memorial Mass**.

The date and time of this Mass will be posted on our website

www.ccapgh.org

or you can be notified by email

**VIRTUAL APPOINTMENTS NOW AVAILABLE TO ASSIST YOU
AND ANSWER YOUR QUESTIONS**

Go to ccapgh.org to complete survey online

email completed survey to

contactus@ccapgh.org

3 WAYS TO BE ELIGIBLE FOR THE GIFT CARD GIVEAWAY

1. Drop off in mailbox at cemetery or return to cemetery office
2. Mail Survey to "CCA", 718 Hazelwood Ave., Pgh., PA 15217
3. Complete Survey Online and email to contactus@ccapgh.org

Fifteen (15) \$100 Giant Eagle Gift Cards will be awarded



The Catholic Cemeteries Association Annual Spring Survey

1. Have you been responsible for making funeral or burial arrangements for anyone?

Yes No

2. Do you believe that taking care of funeral and burial arrangements in advance is in the best interests of your family?

Yes No

3. Have you made advance arrangements for any of the following?

Burial Funeral Cremation

4. How likely would you select a Catholic Cemetery as your final resting place?

Extremely likely Very likely Most likely Not likely

5. How would you describe the frequency of your visits to our Catholic Cemeteries?

Frequently Regularly Occasionally Only holidays

6. Have you updated your cemetery records?

Yes No

7. When you visited, how would you describe the condition of the cemetery or mausoleum?

Excellent Very Good Good Fair Poor

8. Are you a Veteran? Yes No Branch _____

Complete Information below for Memorial Mass Registration and Gift Card Giveaway

Name(s) of Deceased _____

Cemetery of burial _____

Memorial Mass in remembrance of: Mother Father Veteran Other Family Member

Name _____

Street _____ City _____ State _____ Zip _____

Phone _____ Email address _____

_____ I wish to be notified of date of the Memorial Mass

_____ I would like to receive more information on services available at Catholic Cemeteries

_____ I would like a free copy of the Catholic Record File

DROP OFF IN MAILBOX AT ENTRANCE TO CEMETERY OR MAIL TO:

The Catholic Cemeteries Association

718 Hazelwood Avenue

Pittsburgh, PA 15217