

Funeral / Memorial Service

Informational Sheet

Name _____ Spouse _____

Address _____

Date of birth _____ Place of birth _____

Profession / work _____

Hobbies or Special Interests _____

Contact Person _____ Phone _____

Address _____ Relation _____

Children's name(s) _____

Additional Family _____

I wish to have:

_____ Funeral service _____ Memorial service

_____ Funeral service followed by graveside committal

_____ Collation _____ Bulletins (No.)

Favorite Scriptures _____

Favorite hymns / music _____

Special prayers / readings _____

Instead of flowers send memorial gifts to: _____

Additional Information _____