



Funeral / Memorial Information Form



Contact Name: _____

Contact Address: _____

Contact Phone: _____ Contact Email: _____

Name of the Departed: _____

Address: _____

Date of Birth: ___/___/___

Date of Passing: ___/___/___

Church Affiliation (please circle): Member / Active Participant / Member of: _____

If a member of another church, please give us their address: _____

Family Members:

Name:	Relationship:	Name:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of Funeral/Memorial: ___/___/___

Location & Address of Funeral/Memorial: _____

Will the remains be present? (please circle): Yes / No In what form? Casket / Urn / Picture

Date of Burial: ___/___/___

Location & Address of Burial: _____

For Office Use:

Hymns or Scriptures Requested: _____

Other Special Adaptations: _____

