

FUNERAL/MEMORIAL SERVICE

Full Name of Deceased _____

Date of Birth _____

Date of Death _____

Family Contact _____

Service Date _____

Service Time _____

Service Location _____

Celebrant _____

Preacher _____

Service participants/needs _____

Other requests (such as pallbearers, officiating clergy, gift bearers and special circumstances)

Lunch or Reception Info _____

Suggested Time and Place for Visitation: _____