

Memorial Service – History of the Person’s Life

Please tell us about the person for whom the service will be conducted.

Name _____ Date of Death _____

Date of Birth _____ Place of Birth _____

Father’s name _____ Mother’s name _____

Marital status single married widowed divorced other _____

Spouse’s name _____

Date of marriage _____ Place of marriage _____

Children’s names and years of birth _____

Brothers and sisters _____

Occupations and employment _____

Education (school, year, date) _____

Military service (years and rank) _____

Organizations and memberships _____

Awards, honors, special achievements _____

Other information _____

Family Contact person:

Name _____ Email _____ Phone _____

Please submit the completed form to the Administrator.