

## Funeral Service Information

Full Name \_\_\_\_\_

Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Service \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Traditional Service or Memorial Service \_\_\_\_\_

Date of Visitation \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Burial (Where) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Minister(s) \_\_\_\_\_

Reception (Light Refreshments) or Lunch (Meal) \_\_\_\_\_ How Many \_\_\_\_\_

Where \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Relative's Name (for Memorials) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fund(s) for Memorials \_\_\_\_\_

Extra Copies of Funeral Bulletins: How Many \_\_\_\_\_

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For Office Use Only:

Provided by : Bereavement Committee      Contact Person : \_\_\_\_\_

Phone: \_\_\_\_\_