

Grandchildren:
Names:

Great grandchildren:
Names:

Brothers and sisters:
Names:

Member of the U.S. Armed Forces? Y N Branch of service: _____

Will you be able to provide the honorable discharge certificate from the service (DD Form 214)?

Y N

Fraternal, Service, Union, Civic and Club memberships:

<i>Funeral/Memorial Arrangement Information</i>
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Location of visitation/wake/memorial gathering: _____

Location of Funeral/Memorial Service: _____

Clergyperson/Celebrant: _____

___ Burial

___ Cremation

___ Entombment

If cremation, final resting place of cremated remains? _____

Cemetery name: _____ City, state, country: _____

Lot owner: _____ Lot/crypt description: _____

Special instructions/wishes regarding music, readings, flowers, pallbearers, jewelry, clothing, memorial contributions to charity, newspaper notices, obituary, memorial luncheon, etc.:
