

Funeral Family Information

St Mary/John/Mary

Name of deceased _____ Date of Death: _____

Date of birth. _____ Age _____ Spouse _____

Funeral: Location _____ Date: _____

Cemetery? _____ Casket or cremation burial? _____

Funeral home handling arrangements/ phone/director's name _____

Name handling arrangements: _____ Phone _____

Children: Name (spouse name) Address Work

Siblings? _____

Veteran? _____ Organization member (e.g. KCs, CCW, other? _____

Hobbies/interests/travels/faith/misc _____
