



**BIOGRAPHICAL INFORMATION**

Length of time living in this area: \_\_\_\_\_

Moved from: \_\_\_\_\_

Religion: \_\_\_\_\_  Member  Attended  Non-member

Church/Synagogue: \_\_\_\_\_ City: \_\_\_\_\_

Clubs, Organizations, etc: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURVIVORS**

Spouse: \_\_\_\_\_

Parent(s): \_\_\_\_\_  
\_\_\_\_\_

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grandchildren: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Great Grandchildren: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Great-Great Grandchildren: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sisters/Brothers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Survivors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preceded in Death by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VISITATION/GATHERING**

Day: \_\_\_\_\_ Hours: \_\_\_\_\_

Day: \_\_\_\_\_ Hours: \_\_\_\_\_

Casket Opened for:  Family & Friends  Family Only  No Viewing for Anyone

Room: \_\_\_\_\_ Special Set Up:  Catholic  Other

Rosary  Wake

**SERVICE**

Traditional  Mass  Graveside  Memorial

Date: \_\_\_\_\_ Hour: \_\_\_\_\_

Place: \_\_\_\_\_

Clergy: \_\_\_\_\_

Church: \_\_\_\_\_

Music:  Standard

Special Selections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organist(s): \_\_\_\_\_

Soloist(s): \_\_\_\_\_

Pallbearers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honorary Pallbearers  Escort

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committal Service:  Immediately Following  Other: \_\_\_\_\_  
\_\_\_\_\_

Flowers:  Flowers Accepted

In Lieu of Flowers, Memorials to: \_\_\_\_\_

*Every detail counts.*  *Every memory matters.*

**FINAL DISPOSITION**

Interment       Entombment       Cremation

Date: \_\_\_\_\_ Hour: \_\_\_\_\_

Cemetery / Crematory: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Grave Number: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_

Lot Owner: \_\_\_\_\_ Lot Purchased:  Pre-need  At Need

Outer Container / Vault Provided by: \_\_\_\_\_ Marker: \_\_\_\_\_

Disposition of Cremated Remains: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Newspaper Notices in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flowers to Order: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hairstyling: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Glasses:  Yes  No

Clothing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_