

Memorial Service Planning Information
(Available for assistance in the event of death)

Today's Date _____

Name _____

First, Middle, Last

Address _____

Phone _____

Date of Birth _____

Place of Birth _____

Date of
Death _____

Place of Death _____

Marital
Status _____

Single

Married

Widow

Widower

Spouse's Name (living or deceased) _____

EMERGENCY CONTACTS

Name _____

Phone _____

Relationship _____

Address _____

Name _____

Phone _____

Relationship _____

Address _____

Name _____

Phone _____

Relationship _____

Address _____

Church Affiliation _____

Baptized _____

Yes _____ No _____

Veteran Yes _____ No _____

Presentation of
Colors _____

Yes _____ No _____

Church Memorial Service

Organist _____

Yes _____ No _____

Vocalist _____

Yes _____ No _____

Choir _____

Yes _____ No _____

Hymns	1
	2
	3
	4
*1 st Reading	
*2 nd Reading	
*Psalm	
*Gospel	

**Suggested readings can be found in the Book of Common Prayer*

Flowers Yes _____ No _____

Number of plot in Advent's Memorial Garden, if applicable

Number of niche in Advent's Columbarium if applicable

If you wish to purchase a plaque for Advent's Memorial Wall, please provide the inscription you desire

First Name	Middle name or initial	Last Name
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Please direct my memorial contributions to the following

Advent Episcopal Church

Additional Contributions to

Reception	Yes _____ No _____
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Signed	Date
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If updates are made please sign and date below

Signed	Updated
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Signed	Updated
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Signed	Updated
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