

# Celebrating Life Ministries

## Celebration of Life Service

### The One Remembered:

Given Name: \_\_\_\_\_

Common Names: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

### Service Details:

Dates of Visitation: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Interment Location: \_\_\_\_\_ Interment Date: \_\_\_\_\_

Service at Grave Site: Yes\_\_\_\_ No\_\_\_\_

Casket: \_\_\_\_\_ Urn: \_\_\_\_\_ Just A Photo: \_\_\_\_\_

Music: \_\_\_\_\_

Poems: \_\_\_\_\_

Scripture: \_\_\_\_\_

Other Readings: \_\_\_\_\_

Reception Information: \_\_\_\_\_

### Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Meeting Information: \_\_\_\_\_

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

\_\_\_\_\_

**Family Information:**

Spouse: \_\_\_\_\_ Living: Yes \_\_\_\_ No \_\_\_\_

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

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

Siblings: \_\_\_\_\_

Parents: \_\_\_\_\_

**What We Remember:**

Hobbies: \_\_\_\_\_

Memorable Stories: \_\_\_\_\_

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

Memorable Characteristics: \_\_\_\_\_

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

Remembered For: \_\_\_\_\_

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

**Service Participants:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will Participate By: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will Participate By: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will Participate By: \_\_\_\_\_