

Certified Celebrants Association

Family Intake Form

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: _____