

SAN DIEGO MEMORIAL CHAPEL INFORMATION ON THE DECEASED

DATE OF CONSULTATION: _____

CONSULTING WITH: _____

DATE OF INTENDED MEMORIAL SERVICE: _____

TIME OF MEMORIAL SERVICE: _____

HOW MANY PEOPLE ARE YOU PLANNING ON ATTENDING? _____

DO YOU NEED OUR MINISTER: _____ OR DO YOU HAVE YOUR OWN? _____

MUSIC TO BE PROVIDED? _____ OR DO YOU WANT TO BRING YOUR OWN? _____

PICTURE OF DECEASED TO BE DISPLAYED? _____

GUEST BOOK? _____

VIDEO COLLAGE OF DECEASED? _____

MINISTER TO READ OBITUARY? _____ OR SOMEONE ELSE? _____

LIST SPEAKERS TO PARTICIPATE: _____

BRIEF TIME FOR AUDIENCE SHARING? _____

PRINT OUT OF DECEASED TO PASS OUT? _____

CIVIL OR RELIGIOUS CEREMONY? _____

GRAVE SIDE SERVICE? _____

NAME OF DECEASED: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____ AGE: _____

METHOD OF PAYMENT: _____