



"Celebrating The Life of Your Loved One"

MEMORIAL PROGRAM INFORMATION FORM

(510) 309-9059 - www.wedesignap.com

Primary Family Contact : _____

Phone: _____ Phone#2: _____

Email: _____

Program Style: _____ Quantity: _____

Funeral Home: _____ Funeral Director: _____

HEADING:

- | | |
|--|---|
| <input type="checkbox"/> in Loving Memory | <input type="checkbox"/> Homegoing Celebration for |
| <input type="checkbox"/> Celebration of Life for | <input type="checkbox"/> Heaven Has Opened its Gate for |
| <input type="checkbox"/> Celebrating The Life of | <input type="checkbox"/> Other |

NAME OF DECEASED: _____

BIRTHDATE: _____ DATE OF DEATH: _____

- | | |
|--|---|
| <input type="checkbox"/> Sunrise | <input type="checkbox"/> Sunset |
| <input type="checkbox"/> Alpha | <input type="checkbox"/> Omega |
| <input type="checkbox"/> Entered This Life | <input type="checkbox"/> Departed This Life |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

SERVICE DATE AND LOCATION:

Date: _____ Time: _____

Place: _____

Address: _____

Officiating: _____

PLEASE PRINT

This is only a guide. Use a separate sheet to meet your needs

THE OBITUARY INFORMATION

Mr./Mrs. _____ son/daughter of (the late) _____
(Deceased) *(Circle if applicable)*

and (the late) _____, was born in _____ on _____
(the Deceased's mother) *(City & State)*
(Deceased's birth date)

He/She accepted Jesus Christ as Lord and Savior, uniting with _____
(Church name & location)
and was baptized as a public confession of faith in
Christ by _____

He/She received his/her education at/in _____
and graduated from _____

He/She met and later united in holy matrimony with _____
(Spouse - use maiden name if female)
in _____ on _____
(Location of Marriage)

This union was blessed with () sons: _____
and () daughters: _____

NOTE: Include any hobbies, recreational activities, pleasures of life, etc., on a separate sheet of paper. **(Type or Print)**.

_____ departed this life on _____
and was preceded in death by: _____
(Names and relationship of immediate deceased family members i.e. parents, spouse, children & siblings)

He/She leaves to cherish his/her precious memory; **(List immediate family - PLEASE PRINT)**
(Please be brief when listing the names of grandchildren, great-grandchildren, cousins, nieces and nephews, etc.)

and a host of other relatives, friends, and his/her church family.

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THE ORDER OF SERVICE

- Processional _____, Minister(s) and Family
- Scripture Reading: Old Testament _____ read by _____
Scripture Reading
- Scripture Reading: New Testament _____ read by: _____
Scripture Reading
- Prayer or Prayer of Comfort by _____
- Musical Selection/Solo; - title and / or sung by _____
- Acknowledgement of Cards & Condolences _____
- Resolution(s) (for church or their organization) _____
- Obituary read by or Read Silently _____
- Musical Selection/Solo: title and / or sung by _____
- Poem(s) _____ by _____
- Expressions or Tributes - Family & Friends (2 Minutes Each, Please) *check if desired*
- Musical Selection/Solo: - title and/or sung by _____
- Eulogy or Words of Comfort - by; Rev. / Pastor/Minister/etc. _____
- Parting View A Glimpse til Glory Viewing of Our Beloved Other _____
- Recessional **Interment** and/or **Repast** to Follow *(check boxes which apply)*

Interment/Entombment (Place of Burial)

Name of Cemetery: _____

Address; _____

Check here if Cremation apply instead of burial)

(510) 309-9059 - Email: artwork.wdap@gmail.com

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ACTIVE PALLBEARERS

1.	4.
2.	5.
3.	6.

HONORARY PALLBEARERS (optional)

1.	4.
2.	5.
3.	6.

Repast Or Celebration

(Place of gathering for refreshments or a meal)

Address: _____

Phone#: _____

(for those seeking additional information or directions)

IF PRIVATE, PLEASE check this box

Acknowledgements

(Provide your own or one will be provided for you if desire)

Services Entrusted to: