

Bridge City Friends Meeting

Memorial Service Request
(Return to M & O Clerk)

Name

Date

Address

SSN

Persons to notify immediately (next of kin, executor, etc.) (include contact information)

My will and relevant records are located

MEMORIAL SERVICE

Services desired, and who should conduct these services

People to contact for your memorial service

Special instructions if death is distant from home

BURIAL INSTRUCTIONS

Burial Insurance Company

Policy Number

If no insurance, the expenses will be met as follows:

Memorial Society Information

Disposal of Body	Burial	Cremation	Medical Research
cemetery			plot

location of deed:

disposal of ashes instructions

INFORMATION FOR DEATH CERTIFICATE (must agree with legal records and policies)

Full Legal Name

Date of Birth

Birthplace

Citizenship

Father's full name

Mother's full name (include maiden name):

