

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

Parent's full name

Parent's full name