

Information About Your Loved One

Date & Time of Funeral: _____

Name: _____

Age: _____ Place of birth: _____

Date of Death: _____ Former Room #: _____ How long at St. Ann's: _____

Family contact: _____ Phone: _____

Email: _____

of siblings (living or deceased): _____ Place in family: _____

Schools: _____

Military/career/jobs: _____

Marriage(s)/Companion:

Name: _____ Date: _____ How long married: _____

Name: _____ Date: _____ How long married: _____

When did spouse/companion die: _____

Names of children: _____

grandchildren: _____ # great grandchildren: _____ # great-great children _____

Deceased to be included in the intentions: _____

Special Qualities/gifts: _____

Signs of ways that he/she loved: _____

How he/she lived their faith: _____

How do you remember/want your loved one to be remembered?

