

# Information Gathering Form

Full Name \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Parents Names \_\_\_\_\_

High School/College \_\_\_\_\_

Graduation Year \_\_\_\_\_ Degree \_\_\_\_\_

Spouse (s) \_\_\_\_\_ Years of marriage \_\_\_\_\_

Survivors \_\_\_\_\_

\_\_\_\_\_

Predeceased by \_\_\_\_\_

\_\_\_\_\_

Employment \_\_\_\_\_

Military \_\_\_\_\_

Awards \_\_\_\_\_

Hobbies \_\_\_\_\_

Organizations \_\_\_\_\_

Interests \_\_\_\_\_

Sports/leisure \_\_\_\_\_

Volunteer Positions \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Church \_\_\_\_\_

Travel \_\_\_\_\_

Pets \_\_\_\_\_

Character/Personal Attributes \_\_\_\_\_

\_\_\_\_\_

Special Thanks \_\_\_\_\_

Flower/Donation wishes \_\_\_\_\_

## Service Information

Memorial/Funeral/Interment \_\_\_\_\_

Date & Time \_\_\_\_\_

Place \_\_\_\_\_

Officiant \_\_\_\_\_

Reception \_\_\_\_\_