

# Sunrise Presbyterian Church

## Vital Information for Memorial Arrangements

**Please turn this information in with your application.**

Certificate Holder's Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please provide name(s) of the individuals responsible *for* decisions concerning memorial arrangements upon last decedent.

**Name**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have prior memorial arrangements been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Mortuary Location and Phone: \_\_\_\_\_