

Funeral Questionnaire

Name of the deceased: _____

Occupation: _____

Name they went by: _____

Where from originally: _____

Married or Single: _____ Name of Spouse: _____

Did they have children: _____ What are their names and ages: _____

Hobbies: _____

Organizations they belonged to: _____

Regularly attending Church: _____

Sacraments received: _____

Church activities or ministries involved with: _____

Favorite scripture: _____

Motto they lived by: _____

Virtues they want to be remembered for: _____