

**Woodlawn Garden of Memories
Vital Information for Interment**

Full name of deceased _____

Address of Deceased _____

Date of Birth _____ Place of Birth _____

Date of Death _____ Place of Death _____

Date/time of Service _____

Location of Service _____

Next of Kin Info

Next of Kin Name _____

Address _____

Phone _____ Relationship _____

Property Location Information

Property Owner(s) _____

Property Location (if known) _____

Funeral Home Information

Funeral Home Name _____

Phone _____ Name of Funeral Director _____