



FUNERAL SERVICE REQUEST FORM

Contact: Deacon Varoujan Gazarian Tel: 503 851 9672

For Office Use only:

License # \_\_\_\_\_

Certificate # \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time \_\_\_\_\_

1. Name of Deceased \_\_\_\_\_

2. Address \_\_\_\_\_ Zip \_\_\_\_\_

3. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Place of Birth \_\_\_\_\_

5. Service Requested by \_\_\_\_\_

6. What is relation to deceased (spouse, child, parent, other): \_\_\_\_\_

7. Your Address \_\_\_\_\_

8. Your Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_

9. Services to be held at \_\_\_\_\_ Time \_\_\_\_\_

10. Officiating Clergy \_\_\_\_\_ (Parish Priest/Other)

11. Language of service \_\_\_\_\_ (Armenian, English, or Both)

12. Funeral Home \_\_\_\_\_

13. Contact Name \_\_\_\_\_

14. Address \_\_\_\_\_

15. Wake Date (if applicable) \_\_\_\_\_

16. Burial or Cremation \_\_\_\_\_ Location \_\_\_\_\_

17. Flowers or in lieu of Flowers \_\_\_\_\_

(donations may be sent to St. Kevork Armenian Church)

18. Memorial Luncheon \_\_\_\_\_

19. Location \_\_\_\_\_ Time \_\_\_\_\_

Suggestion Donation : \$300

Hall: \$300 (includes cleaning fee)

(It is customary to acknowledge the officiating priest and assisting deacon separately.)