



Mariner Sands Chapel
To Know Christ and to Make Him Known

Memorial Service Information Sheet

Please provide information below that will be helpful in planning a Memorial Service at Mariner Sands Chapel and/or inurnment in the Memorial Garden.

First Name:

Middle
Initial:

Last Name:

Date of
Birth:

Date of
Death:

Service to include inurnment
in the Memorial Garden:

☐

Yes

☐

No

Religious Preference:

Spouse / Mariner Sands Relative:

Contact person for arrangements:

Contact phone:

Contact Email:

Mariner
Sands
Address:

Mariner Sands
Address is my
Current Address:

☒

Yes

☐

No

Current
Address, if
applicable:

City:

State:

Zip Code:

Preferred
Hymns:

Selected
Scriptures:

Mariner
Sands
Minister
Requested:

☒

Yes

☐

No

If no, other
Minister or
Officiant:

Military
Honors
requested:

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Yes

☒

No

Flag
Honor Guard
Taps Bugle
Other

Branch
of
Service:

Army

Need Chapel
to provide
service program:

☒

Yes

☐

No

Video Services
Requested:

Live Stream, Record and Po

Permission to publicize the
funeral/memorial at the Chapel:

☒

Yes

☐

No

Save

Print