Memorial Remembrance Form

Lakeside Chautauqua formally remembers those loved ones who have died throughout the year. Please complete the form below so that information about your loved one will be included in Lakeside communications and publicly shared.

Family Contact Name

Address

Phone

Email

Relationship to Deceased

Name of Deceased

Date of Birth

Date of Death

Favorite Lakeside memory with deceased:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I, ________________________, give consent that the deceased loved one listed above be remembered in the following Lakeside communications or worship services.

Please check the areas you wish to have your loved one’s name publically listed.

- Name listed at Memorial Day weekend Hoover Worship Service
- Monthly e-newsletter/digital communication
- Print quarterly newsletter
- Name listed in Lakesider newspaper

Family will be present at the Memorial Day weekend Hoover Worship Service  ___ Yes  ___ No

Please attach a separate sheet with names, addresses and email addresses of the family members attending the Memorial Day weekend Worship Service.

Family Member Signed By:  Lakeside Chautauqua

____________________________________________________________________________

For Office Use:
Date Received: _____________  by:________________________  Copy Return to Family: _________

Name/Title  Date