

Information for Memorial Minute

FULL LEGAL NAME _____

DATE OF BIRTH _____ BIRTH CITY/STATE _____

MOTHER'S FULL NAME _____

FATHER'S FULL NAME _____

NAME OF SPOUSE _____

MILITARY SERVICE Yes No

MEMBER/ATTENDER OF SACRAMENTO FRIENDS MEETING SINCE _____

MEMBER/ATTENDER OF OTHER MONTHLY MEETINGS

MEETING _____ FROM _____ TO _____

MEETING _____ FROM _____ TO _____

MEETING _____ FROM _____ TO _____

Important things you would like to be included in your Memorial Minute

RECEIVED FOR MEETING

SIGNATURE _____ DATE _____

SUBMISSION INSTRUCTIONS: Please send this form to the Clerk of the Care Committee or place the form in the folder for the Care Committee found on the countertop in the Meetinghouse Library.