

Memory Makers White Dove Releases Funeral Order Form

**Fax To Memory Makers At
724-727-9620**

The Funeral Service Will Take Place On

(Day) _____ (Date) ___/___/___

***We Will Notify You When The Faxed Order Is Received
Please Call Us If You Do Not Hear From Us Within 8 Hours
(Cell) 412-952-1801 or (Home) 724-727-2683***

_____ Funeral Home	
Main _____	Fax _____
FH Contact- _____	Location- _____

PRICE \$250.00*

Name of Deceased _____ Age _____

Marital Status of the Deceased Married (Spouse's Name _____)

Widowed Divorced Never Married Child

Are There Surviving Children? No / Yes – How Many _____

Please Provide Children's First Names _____

******Dove Release Will Take Place At******

Check one: Cemetery Funeral Home Church Other

Location Name _____ (Grave or Chapel)

*Address _____

Time Service or Mass Begins _____

If The Release Is At The Cemetery *Expected Arrival Time At The Cemetery *****

Music Request (Optional)

SONG _____ ARTIST _____

(We Will Choose The Music Unless A Specific Song and Artist are Requested)

PAYMENT IS DUE THE DAY OF THE RELEASE Make checks payable to "Memory Makers"

Please return by fax to 724-727-9620

