

MEMORIAL GARDEN

OF THE

UNITARIAN UNIVERSALIST CHURCH OF FORT LAUDERDALE

Name of Deceased: _____ Age: _____

Place of Birth: _____ Date of Birth: _____

Place of Death: _____ Date of Death: _____

Service Requests: _____ Date of Service: _____

Parents' Names: _____

Mother's Maiden Name: _____

Survivor's	Name	Address
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Spouse: _____

Children: _____

Grandchildren: _____

Sisters: _____

Brothers: _____

Other Relatives: _____

