

STEGENGA FUNERAL CHAPEL

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Service Information

Arrangements For:

Date of Service:

Day:

Time:

Location:

Gathering:

Memorial Contribution:

CLERGY/PERSON CONDUCTING SERVICE

Name:

Church:

Church Address:

City/State/MI:

Phone Numbers: Office:

Home:

Cell:

CEMETERY INFORMATION

Cemetery Name:

Location: (city or cross street)

Marker:

Lot Owner:

Lot Name:

Lot Number:

Section:

Grave/Space Number:

Block:

Notes:

VETERAN'S INFORMATION

A photocopy of Military Discharge may be requested by **CSWM**.

Branch of Service:

Entry Date:

Discharge Dates:

Informant:

How would you like us to reply? Phone or E-mail

Phone:

Cell

E-mail: