

Congo Funeral Home

Program For Military

In Loving Memory of
name of deceased

date of birth

date of death

-

Picture to be placed here (Optional)

Day & Date of Funeral

Time of Funeral

Service Place of Service

Street Address – City, State

Minister of Church

The Obituary

Please complete with love and care..

name of deceased

name of parents

_____ son/daughter of _____
date of birth *city, state*
, was born _____ in _____. He/she departed this life
day, month, year *name of hospital, nursing home, or other place of death*
_____, in the _____.

city, state

He/she received his/her early education in the public schools of _____
name of high school *year*
_____ and graduated from _____ in _____. While
name of school attending _____, he/she received special awards for *list accomplishments*

_____.
After graduating from high school, he/she attended _____, and received
name of university
his/her _____ in _____.
type of degree *month/year*

Some of our fondest childhood memories are

His/her favorite places and hobbies included

Upon graduating from high school, he/she enlisted into the United States
branch of service
_____ and served his/her country well.

Some of his/her proudest family moments were

list of special honors

He/she received _____ and an honorable discharged in _____.

branch of service

After his/her duty in the _____, he/she became employed by _____ . He/she continued in this capacity until retirement in _____ .

year

name of spouse - maiden name wife_

In _____, he/she was united in Holy Matrimony to _____

and from this union, _____

name of children

were born.

name of church, clubs, organizations

He/she was a member of _____

and served in the following duties:

He/she enjoyed _____

He/she was a _____.

And through all this he/she would like to be remembered for

He/she leaves to cherish his/her memory:

Favorite Poem or Verse:

Order of Service

(This is a sample only. The family or minister may change as you wish)

Family Procession

Opening Hymn *(name of song)*

Scripture Reading

Old Testament

New Testament

Prayer of Comfort

Selection or Solo

Acknowledgments, Resolutions, Special Readings _____

Selection or Solo _____

Remarks _____

Obituary _____

Selection or Solo _____

Eulogy *(Minister's name)* _____

Presentation Congo Funeral Home

Final Viewing _____

(please check with the church to see if a final viewing is allowed)

Benediction

Recessional

Pallbearers

List six (6) names

1.)

4.)

2.)

5.)

3.)

6.)

Interment (or list private)

Name of Cemetery

Street Address

City, State

Sample In Appreciation

Our family would like to take this opportunity to extend their sincere appreciation for the many kind expressions of sympathy extended to us during our time of bereavement. May God bless and keep each one of you in His tender, loving care.

The Family

Use this? ___ yes ___ no

Custom Appreciation

Congo Funeral Home
.....Because We Care
201 North Gray Avenue
2317 North Market Street
Wilmington, Delaware
Thank you!
Please Print as a PDF and email to
obit@congofuneralhome.com