

Congo Funeral Home

Program & Obituary

In Loving Memory of

Name of Deceased

Date of Birth

Date of Death

upload your image here

Picture to be placed here
(Optional)

Day & Date of Service

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 _____
, was born _____ in _____. He/she departed this life
_____, in the _____.

date of birth

city, state

day, month, year

hospital, nursing home, or other place of death

city

He/she received his/her early education in the public schools of _____

state

name of high school

year

_____ and graduated from _____ in _____. While attending
_____, he/she received special awards for _____

name of school

list of outstanding accomplishments

name of school

After graduating from high school, he/she attended _____, and received his/
her _____ in _____.

name of degree

year

Some of our fondest childhood memories are

His/her favorite places and hobbies included

Some of his/her proudest family moments were

After graduation, he/she became employed by name of company _____ . He/she continued in this capacity until retirement in year _____ .

In year _____ , he/she was united in Holy Matrimony to name of spouse/ maiden name of wife _____ and from this union, list of first names of children _____ were born.

He/she was a member of name of church, clubs, organizations _____ 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: this is where you list all living survivors such as spouse, children, stepchildren, mother, father, brothers, sisters, # grandchildren, #great grandchildren and then list any other relatives giving name and number of that you desire.

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

For No, Please Type Custom Appreciation for back of Program

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