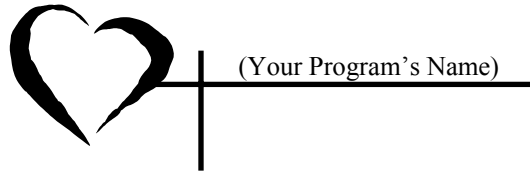


The form was provided by "Hope Renewed," a ministry of the Pregnancy Crisis Center of Wichita



**Program for Memorial Service**

Memorial Date: \_\_\_\_\_ Memorial Time: \_\_\_\_\_

Location: \_\_\_\_\_

Leaders Names: \_\_\_\_\_

Mothers Name:

Childrens Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officiating Pastor: \_\_\_\_\_

Special Music: \_\_\_\_\_  
(include artist name and when in service to be played)

Special Scriptures: \_\_\_\_\_

**Specific Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

kf/2003