

Funeral Clarity

Client Information Form

Please complete the form below to help prepare for our time together.

I will follow up by email to schedule your Zoom consultation.

Contact Information

Full Name: _____

Email: _____

Phone: _____

Loved One Information

Name & Age: _____

Veteran: Yes No

Service Preferences

Religious Non-Religious / Secular Other: _____

Service Date: _____

Planning Details

Do you have ideas for the service? Yes No

If yes:

Additional Information

Next Step

I will reach out by email to arrange a convenient time for our Zoom consultation.
It is an honor to walk alongside you during this time.
