

Registry Number: \_\_\_\_\_

THE MOUNT VERNON UNITARIAN CHURCH  
1909 Windmill Lane  
Alexandria, VA 22307

**PERSONAL AND FAMILY HISTORY**  
**FOR**  
**THE MEMORIAL WALKS**  
**MEMORIALIZATION AND/OR INTERMENT**

NAME as you want it inscribed on the plaque:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

OCCUPATION(S): \_\_\_\_\_

FAMILY MEMBERS: (Please provide name, current address, if permanent, and any other biographical information you would like to record. Feel free to attach additional pages.)

Parents:

Spouse/Significant Other:

Children:

Grandchildren:

Sisters/Brothers:

Others:

INCLUSION OF NAME ON MEMORIAL PLAQUE: \_\_\_\_\_ Yes \_\_\_\_\_ No

INTERMENT OF ASHES WITHIN THE MEMORIAL WALKS: \_\_\_\_\_ Yes \_\_\_\_\_ No

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Please provide the names of two contact persons with permanent addresses:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

-----  
(for church use)

DATE OF MEMORIALIZATION: \_\_\_\_\_ DATE OF INTERMENT: \_\_\_\_\_

DATE OF RECEIPT OF PAYMENT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_