



**COLUMBARIUM AND MEMORIAL
WALL FAMILY RECORD**

Date Completed/Updated

_____ I request that this Family Record information to be kept confidential, shared with only pastors, necessary staff, and family members.
Or

_____ I give permission for this Family Record information to be shared with anyone interested in my and my family's history/genealogy.

Signature

Name:

Birth: Date, City, County, State

Death: Date, City, County, State

Residence at Time of Death: City, County, State

Burial/Inurnment Location: Date, City, County, State

Marriage: Date, City, County, State

Spouse: Name, Birth Date, City, County, State; Death Date, City, County, State

Children: Name, Birth Date, City, County, State; Death Date, City, County, State (name of spouse, if appropriate)

Grandchildren: Name, Birth Date, City, County, State; Death Date, City, County, State (name of spouse, if appropriate)

Parents: Name, Birth Date, City, County, State; Death Date, City, County, State

Mother:

Father:

Grandparents: Name, Birth Date, City, County, State; Death Date, City, County, State

Maternal Grandmother:

Maternal Grandfather:

Paternal Grandmother:

Paternal Grandfather:

Siblings and spouses: Name, Birth Date, City, County, State; Death Date, City, County, State

Special Coker Connections:

Special Memories

(Accomplishments, Recognitions, Events, Picture, Obituary)

Education: schools attended with dates and degrees received

Professional history: dates and places of employment

Military history: dates and branch of service

Special Interests and Hobbies:

Organization memberships, including office or positions held:

Civic/Social/Non-Profit:

Church:

Lineage Societies:

Special Events/Recognition during lifetime:

Other information you want to share:

Please add pictures, obituaries, or copies of other documents that you would like to preserve in this Family Record.