

LIONS SUNSHINE LIFE EVENTS INFORMATION FORM (DEATH)

Please check the appropriate box and provide all applicable information.

Death on: _____ **of:** _____

Lion Member: Mr. / Ms. / Mrs. _____

➤ *Club:* _____ *Lions Member since:* _____

Lion Member Family: Mr. / Ms. / Mrs. _____

➤ *Name of Lion Member & Club:* _____

➤ *Relation to Lion Member:* _____

Photo attached Prefer not to provide a photo

Funeral/memorial service information:

➤ *When:* _____
(Start & end dates, start & end time of service)

➤ *Where:* _____

(Mortuary or church name and complete address - number, street, city, zip code)

➤ *Contact number:* _____
(Mortuary or church's contact number)

Please send sympathy cards, letters, flowers, monetary donation to:

➤ *Representative:* _____

➤ *Mailing address:* _____

(Complete address - number, street, city, zip code)

➤ *Contact number/s:* _____

Other instructions/ remarks: _____

PERMISSION TO PUBLISH THE ABOVE LIFE EVENT INFORMATION AND PHOTO IS GRANTED TO LIONS CLUB - SUNSHINE & PR by:

Authorized family representative: _____

Form completed and submitted by:

➤ *Name of Lion Member:* _____

➤ *Club & Position:* _____

➤ *Date submitted:* _____

