



DECEASED INFORMATION

Full Name:

Date of Interment:

Date of Birth: Date of Death:

Unit Location: Branch:

CLIENT'S CONSENT

Note: Please review the list below and check the boxes next to the information you consent to be shared. Your privacy is important to us, and your selections will help us ensure that we respect your preferences.

- Date of Interment/ Inurnment
- Date of Birth
- Date of Death
- Unit Location
- Branch

Display details to? Memorial Wall Obituary

Publication of Information will be published according to the consent provided?

Controlled Public Access

CONFORME

By filling out this form, I consent to the publication of the selected information about the Deceased on the Golden Haven Memorial Wall/Obituary. I also agree to hold Golden Haven free and harmless from any claims, liabilities, or disputes arising from such publication.

Lawful Heirs/Authorized Representative:

Golden Haven Representative:

Relationship to the Deceased:

Date Signed:

Date Signed: