



**ICCFA 2011 ANNUAL CONVENTION & EXPOSITION  
ANNUAL MEMORIAL SERVICE QUESTIONNAIRE  
March 9, 2011 • Mandalay Bay • Las Vegas, NV**

Deceased name/nickname: \_\_\_\_\_

Date of passing: \_\_\_\_\_

Company: \_\_\_\_\_

Location: \_\_\_\_\_

Title of position held: \_\_\_\_\_

Relationship to ICCFA: \_\_\_\_\_

Years in the profession: \_\_\_\_\_

Graduate of what university and/or mortuary college (if applicable): \_\_\_\_\_

Memorable quote: \_\_\_\_\_

\_\_\_\_\_

Greatest challenge in the industry: \_\_\_\_\_

\_\_\_\_\_

Greatest joy in the profession: \_\_\_\_\_

\_\_\_\_\_

Community service outside of the industry: \_\_\_\_\_

\_\_\_\_\_

Participation in other associations/regulatory boards: \_\_\_\_\_

\_\_\_\_\_

Hobbies/outside interests: \_\_\_\_\_

\_\_\_\_\_

*(over)*

Deceased will be remembered for: \_\_\_\_\_  
\_\_\_\_\_

Favorite sports/teams: \_\_\_\_\_

Other information we should know: \_\_\_\_\_  
\_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

Your relationship to the decedent: \_\_\_\_\_

Will you be attending the Annual Convention and the memorial service?  Yes  No

Phone number of person filling out this form: \_\_\_\_\_

E-mail address of person filling out this form: \_\_\_\_\_

Address of person filling out this form: \_\_\_\_\_  
\_\_\_\_\_

**Please mail this form and 10-15 photos of the decedent to: ICCFA, ATTN: MEMORIAL SERVICE, 107  
Carpenter Drive, Suite 100, Sterling, VA 20164; or e-mail to [robt@iccf.com](mailto:robt@iccf.com) no later than February 1, 2011.  
Thank you!**