



Lakeside Chautauqua
Attn: Advancement
236 Walnut Avenue
Lakeside, Ohio 43440

Memorial Remembrance Form

Lakeside Chautauqua formally remembers those loved ones who have died throughout the year. Please complete the form below so that information about your loved one will be included in Lakeside communications and publically shared.

Family Contact Name _____

Address _____

Phone _____

Email _____

Relationship to Deceased _____

Name of Deceased _____

Date of Birth _____ Date of Death _____

Favorite Lakeside memory with deceased : _____

I, _____, give consent that the deceased loved one listed above be remembered in the following Lakeside communications or worship services.

Please check the areas you wish to have your loved one's name publically listed.

- Name listed at Memorial Day weekend Hoover Worship Service
- Monthly e-newsletter/digital communication
- Print quarterly newsletter
- Name listed in *Lakesider* newspaper

Family will be present at the Memorial Day weekend Hoover Worship Service ___ Yes ___ No

Please attach a separate sheet with names, addresses and email addresses of the family members attending the Memorial Day weekend Worship Service.

Family Member Signed By: _____ Lakeside Chautauqua

For Office Use:
Date Received: _____ by: _____ Copy Return to Family: _____
Name/Title Date