

St. Peter the Apostle Catholic Parish

Name of Deceased: _____

Nickname (How you would like your loved one referred to?): _____

Where born: _____ How/why come to Fallbrook: _____

Spouse: _____ Years Married: _____ Military: _____

Where/how did they meet: _____

How many children: _____ Grandchildren: _____ Great-grandchildren: _____

Name(s) of children present at service: _____

Parents still living? (Include names if present): _____

How many brothers and sisters (Include names if present): _____

Early life & education: _____

Special qualities or characteristics: _____

What would you like us to know about your loved one? _____

Hobbies: _____

Volunteer Organizations/church involvement: _____

Favorite things: _____

Special memories: _____