LOVE IS

A LIFE REMEMBERED

Beautiful Moments. Lasting Memories.

CLIENT INQUIRY FORM

Family contact & repass details

Please complete this form so we can learn about your family, your loved one, and the repass you are planning.

YOUR CONTACT INFORMATION

Person filling out this form

Relationship to the deceased

Phone number

Email address

ABOUT YOUR LOVED ONE

Deceased person's full name

Date of birth

Date of death

REPASS DETAILS

Repass date

Expected number of guests

Location of repass (venue name)

Repass address

These details help us determine the best design direction, package, setup requirements, and event logistics for your family.

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CLIENT INQUIRY FORM

Personalization & package selection

TELL US ABOUT YOUR LOVED ONE

Favorite colors

Hobbies

Interests

Important accomplishments, milestones, career highlights, organizations, or other meaningful details

DESIRED PACKAGE

- ☐ Grace Package
- ☐ Legacy Package
- ☐ Celebration Package

Additional notes or special requests

PREFERRED FOLLOW-UP

- ☐ Phone call
- ☐ Text message
- ☐ Email

Thank you for sharing these details with us.

We look forward to creating a thoughtful setting that reflects your loved one's life and legacy.