

FAMILY GATHERING FORM

NAME OF DECEASED: _____ AGE: _____

MATERNAL CLAN: _____

PATERNAL CLAN: _____

COMMUNITY RESIDENT OF: _____

DATE OF GATHERING: _____

WHERE: _____

TIME: _____ AM / PM

MOTHER: _____ FATHER: _____

SHORT MESSAGE:

(MUST BE SIGNED TO AIR)

SUBMITTED BY: _____