

# We Are Remembered Ministry

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## New Member Response Form

*(Please Print)*

Your Name: \_\_\_\_\_  
*(Mr./Mrs./Miss/Ms.) (First) (Last)*

Your Address \_\_\_\_\_

Your City: \_\_\_\_\_ Your State: \_\_\_\_\_

Your Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_  
*(Mr./Mrs./Miss/Ms.) (First) (Last)*

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### Manner of Death (Optional):

Murder       Accident       Suicide       Other

Your relationship to deceased: \_\_\_\_\_

### Your needs:

Someone to talk to       Programs around the holidays  
 Spiritual gatherings       Support groups  
 Educational presentation       Help with grieving children/teens  
 Birthday/Anniversary remembrances

Please mail this response form to:

**Diocese of Pittsburgh  
We Are Remembered Ministry  
111 Boulevard of the Allies  
Pittsburgh, PA 15222**