



Date Prepared \_\_\_\_\_

**SECTION 1: BASIC INFORMATION**

**Primary Information About the Deceased**

❖ **Personal Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Citizenship (country) \_\_\_\_\_ Ancestry \_\_\_\_\_

Ethnic Group/Race \_\_\_\_\_ Religion \_\_\_\_\_  
(e.g., African-American, Asian, Caucasian, Hispanic, etc.)

❖ **Residence**

Street Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ Residential Facility Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

❖ **Birth Information**

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

❖ **Death Information**

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ (AM / PM)

Cause of Death \_\_\_\_\_ Certifying Physician \_\_\_\_\_

❖ **Place of Death**

Facility Name \_\_\_\_\_ (if applicable) Type of Facility \_\_\_\_\_  
(e.g., hospital, nursing home)

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Information About the Person Making Arrangements (Next of Kin / Responsible Party)**

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Phone #2 \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

**Final Disposition of the Deceased**

Choose method of final disposition:

- Whole body burial or entombment
- Cremation

Specify disposition of ashes:

- Burial or entombment at cemetery
- Scattering at cemetery
- Deliver to survivors
- Other \_\_\_\_\_

- Donation to medical science

Specify Recipient Organization, if one has been selected:

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

- Other: Specify \_\_\_\_\_ (e.g., burial at sea, scatter in outer space)

Also specify the Service Provider, if one has been selected:

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

**SECTION 2: DETAILED FUNERAL SERVICE INFORMATION**

**Type of Funeral Service Plan**

Choose a type of Funeral Service Plan:

- Traditional** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket)
- Memorial** (includes one or more services without the presence of the deceased)
- Graveside** (includes one service held at the graveside prior to interment)
- Traditional Plus** (includes a visitation and a funeral service in which the deceased is present in an open or closed casket, plus one or more memorial services without the presence of the deceased)
- Direct** (the deceased is buried, cremated or donated to medical science without any funeral services)

**Care for the Deceased**

Select the following services regarding preparation and care for the deceased:

Do you want to have an embalming performed? (Y/N) \_\_\_\_\_ (this may be required)

Do you want a DNA sample taken? (Y/N) \_\_\_\_\_

Do you want an autopsy performed? (Y/N) \_\_\_\_\_ (this may be required)

**Presentation of the Deceased**

❖ **Casket Presentation Selections**

*(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)*

Select how you prefer the casket presented at the visitation(s):  Open  Closed

Select how you prefer the casket presented at the funeral:  Open  Closed

Do you want only a private family viewing? (Y/N) \_\_\_\_\_

Note: the deceased will be dressed and cosmetics will be applied if you have chosen to have a private family viewing or select to have an open casket presentation. If you do not wish to have the deceased dressed and cosmeticized for viewings, please explain below how you would like the deceased to be presented:

\_\_\_\_\_

❖ **Clothing Selections**

New \_\_\_\_\_

Existing \_\_\_\_\_

Jewelry \_\_\_\_\_

**Filings and Notices**

❖ **Death Certificates**

Number of Death Certificates Required: \_\_\_\_\_

<u>Deliver To</u>	<u>Quantity</u>	<u>Phone</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Obituary**

Newspaper(s) \_\_\_\_\_

Other \_\_\_\_\_

**Visitation Selections**

*(Make these selections if a Traditional or Traditional Plus Service Plan has been chosen)*

Choose a location for the visitation:

- Funeral Home
- Church, temple, synagogue or other religious sanctuary
- Other Facility (describe) \_\_\_\_\_

Indicate name, address and telephone of chosen location:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Choose preferred time schedule for the visitation(s) (Choose all that apply):

- Same day, just prior to funeral service # of Visitation Hours \_\_\_\_\_
- Prior day (specify morning, afternoon, evening) \_\_\_\_\_ # of Visitation Hours \_\_\_\_\_
- 2<sup>nd</sup> day prior (specify morning, afternoon, evening) \_\_\_\_\_ # of Visitation Hours \_\_\_\_\_
- 3<sup>rd</sup> day prior (specify morning, afternoon, evening) \_\_\_\_\_ # of Visitation Hours \_\_\_\_\_
- Other (specify) \_\_\_\_\_ # of Visitation Hours \_\_\_\_\_

**Transportation Selections**

*(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been chosen)*

Choose method of transporting the deceased between service locations and to the cemetery

- Funeral Coach or Hearse
- Funeral Van (more economical)

Choose method of transporting family members between service locations and to the cemetery

- Limousine # of people \_\_\_\_\_
- Sedan # of people \_\_\_\_\_
- Family will provide transportation

Escort Needed? (Y/N) \_\_\_\_\_ Instructions \_\_\_\_\_

**Funeral / Memorial Service Selections**

*(Make these selections if a Traditional or Memorial or Traditional Plus Service Plan has been chosen. If there will be more than one service, make additional copies of this section and complete it for each service)*

❖ **Service Selections**

Indicate type of Service:

Funeral Service       Memorial Service

Indicate a preferred date and time for the Service:

Preferred date \_\_\_\_\_ Preferred time of day \_\_\_\_\_

Estimate Seating Requirements:

Number of Immediate Family \_\_\_\_\_ Number of Guests \_\_\_\_\_

Choose a location for the funeral service:

- Funeral Home
- Church, temple, synagogue or other religious sanctuary
- Other Facility (specify) \_\_\_\_\_

Indicate name, address and telephone of chosen location:

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_

❖ **Clergy Presiding**

Name _____	Affiliation _____	Phone _____
Name _____	Affiliation _____	Phone _____
Name _____	Affiliation _____	Phone _____

*Funeral / Memorial Service Selections, continued*

❖ **Pallbearers**

*(Make these selections if a Traditional or Traditional Plus or Graveside Service Plan has been selected)*

		Active, Honorary or Alternate?
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____
Name _____	Phone _____	_____

❖ **Music**

Title _____	Artist _____
Title _____	Artist _____
Title _____	Artist _____
Title _____	Artist _____
Title _____	Artist _____

❖ **Performers**

Organist	Name _____	Phone _____
Vocalist	Name _____	Phone _____
_____	Name _____	Phone _____
_____	Name _____	Phone _____
_____	Name _____	Phone _____

*Funeral / Memorial Service Selections, continued*

❖ **Readings**

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Source/Reference \_\_\_\_\_

To be read by: \_\_\_\_\_ Phone \_\_\_\_\_

❖ **Flowers**

Florist \_\_\_\_\_ Phone \_\_\_\_\_

Floral Selection #1 \_\_\_\_\_

Floral Selection #2 \_\_\_\_\_

Floral Selection #3 \_\_\_\_\_

Floral Selection #4 \_\_\_\_\_

❖ **Memorial displays**

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

❖ **Special Service Components**

*(Complete this section to provide instructions for special service components such as a 21-gun salute, horse-drawn procession, or the rites of fraternal organizations like Masonic organizations or Veterans of Foreign Wars)*

Description \_\_\_\_\_

\_\_\_\_\_

**Preferred Tribute Type**

Floral

Masses

Charitable

Preferred Charity #1: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Preferred Charity #2: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Travel Information**

*(Complete this section if the deceased must be transported between cities)*

Location where the deceased must be transported from:

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Location where the deceased must be transported to:

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Cemetery Information**

*(Complete this section if a burial or scattering at the cemetery has been chosen)*

Cemetery Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Property Identification:

Garden \_\_\_\_\_ Lot \_\_\_\_\_ Space \_\_\_\_\_

Niche (for urn) \_\_\_\_\_

**SECTION 3: DETAILED FUNERAL MERCHANDISE INFORMATION**

**Funeral Merchandise**

❖ **Casket**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of casket:

Wood Specify \_\_\_\_\_ (e.g., birch, cherry, mahogany, maple, oak, pine, poplar, walnut, etc.)

Precious Metal Specify \_\_\_\_\_ (bronze or copper) Sealed? (Y/N) \_\_\_\_\_

Steel Specify \_\_\_\_\_ (16, 18 or 20 gauge) Stainless? (Y/N) \_\_\_\_\_ Sealed? (Y/N) \_\_\_\_\_

Cloth covered

Other Specify \_\_\_\_\_

Identify lid style:

Half Couch (2 piece)  Full Couch (1 piece)

Identify interior features:

Material \_\_\_\_\_ (e.g., crepe, linen, velour, velvet) Color \_\_\_\_\_

Style \_\_\_\_\_ (e.g., shirred, tailored, tufted)

Special Features \_\_\_\_\_

**Funeral Merchandise, continued**

❖ **Outer Burial Container**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of outer burial container:

- Grave Box or Grave Liner Specify \_\_\_\_\_ (e.g., concrete or wood)
- Vault Specify \_\_\_\_\_ (e.g., bronze, copper, concrete, plastic, wood, composite)
- Lawn Crypt Specify \_\_\_\_\_ (e.g., concrete or wood)

Special Features \_\_\_\_\_

❖ **Cremation Urn**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Material \_\_\_\_\_ (e.g., bronze, ceramic, marble, wood)

❖ **Grave Marker**

Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Model Name \_\_\_\_\_

Identify type of grave marker:

- Grave Marker (flush to the ground) Specify \_\_\_\_\_ (e.g., bronze, granite, marble)
- Monument (upright) Specify \_\_\_\_\_ (e.g., bronze, granite, marble)
- Lawn Crypt Specify \_\_\_\_\_ (e.g., concrete or wood)

Engraving

\_\_\_\_\_  
 \_\_\_\_\_

❖ **Stationery Products**

Guest Register Book: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Prayer Cards: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Verse to print on Prayer Cards: \_\_\_\_\_

Memorial Folders: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Verse to print on Memorial Folders \_\_\_\_\_

Prayer Books: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

Acknowledgement Cards: Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

\_\_\_\_\_ Manufacturer \_\_\_\_\_ Style \_\_\_\_\_ Quantity \_\_\_\_\_

**SECTION 4: ADDITIONAL INFORMATION ABOUT THE DECEASED**

*(The following information, to the extent it is completed, will be used for Obituary purposes and will provide a genealogy record for the family of the deceased)*

❖ **Marital Information**

Marital Status (single / married / widowed / divorced) \_\_\_\_\_

Spouse

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marriage Data

Date of Marriage \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

❖ **Parents**

Father Data

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Living? (Y/N) \_\_\_\_\_ Date of Death \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Married (Y/N) \_\_\_\_\_ Spouse Name (if not Mother) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother Data

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Living? (Y/N) \_\_\_\_\_ Date of Death \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Married (Y/N) \_\_\_\_\_ Spouse Name (if not Father) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

*Additional Information about the Deceased, continued*

❖ **Children**

Child #1

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Child #2

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Child #3

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Additional Information about the Deceased, continued

❖ Siblings

Brother/Sister #1

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Brother/Sister #2

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Brother/Sister #3

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Suffix (e.g., Sr., Jr.) \_\_\_\_\_ Male/Female (M/F) \_\_\_\_\_

Living? (Y/N) \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Married? (Y/N) \_\_\_\_\_ Spouse Name \_\_\_\_\_ No. of Children \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

❖ Grandchildren

No. of Grandchildren \_\_\_\_\_ No. of Great Grandchildren \_\_\_\_\_ No. of Great-Great Grandchildren \_\_\_\_\_

*Additional Information about the Deceased, continued*

❖ **History of Residences**

City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_  
 City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_  
 City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_  
 City / State / Country \_\_\_\_\_ No. of Years \_\_\_\_\_

❖ **Education**

Elementary School \_\_\_\_\_ City/State \_\_\_\_\_  
 High School \_\_\_\_\_ City/State \_\_\_\_\_  
 Year Graduated \_\_\_\_\_  
 Undergraduate College \_\_\_\_\_ City/State \_\_\_\_\_  
 Undergraduate Degree \_\_\_\_\_ Year \_\_\_\_\_  
 Graduate College \_\_\_\_\_ City/State \_\_\_\_\_  
 Graduate Degree \_\_\_\_\_ Year \_\_\_\_\_

❖ **Military Record**

Branch of Service \_\_\_\_\_ Years Served From \_\_\_\_\_ To \_\_\_\_\_  
 Rank \_\_\_\_\_ Service Number \_\_\_\_\_  
 Wars Served \_\_\_\_\_ Decorations \_\_\_\_\_

❖ **Work History**

Retired? (Y/N) \_\_\_\_\_ Year Retired \_\_\_\_\_  
 Principle occupation \_\_\_\_\_ No. of Years \_\_\_\_\_  
 Industries \_\_\_\_\_  
 Secondary occupation \_\_\_\_\_ No. of Years \_\_\_\_\_  
 Industries \_\_\_\_\_  
 Employer #1 \_\_\_\_\_ City/State \_\_\_\_\_  
 Years From \_\_\_\_\_ To \_\_\_\_\_  
 Employer #2 \_\_\_\_\_ City/State \_\_\_\_\_  
 Years From \_\_\_\_\_ To \_\_\_\_\_

*Additional Information about the Deceased, continued*

Employer #3 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

Employer #4 \_\_\_\_\_ City/State \_\_\_\_\_

Years From \_\_\_\_\_ To \_\_\_\_\_

❖ **Religious Institutions**

Institution #1 \_\_\_\_\_

Institution #2 \_\_\_\_\_

❖ **Memberships and Public Offices Held**

Organization #1 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #2 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #3 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #4 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

Organization #5 \_\_\_\_\_ Position(s) Held \_\_\_\_\_

❖ **Notable Accomplishments**

Accomplishment #1

\_\_\_\_\_  
\_\_\_\_\_

Accomplishment #2

\_\_\_\_\_  
\_\_\_\_\_

Accomplishment #3

\_\_\_\_\_  
\_\_\_\_\_

Accomplishment #4

\_\_\_\_\_  
\_\_\_\_\_