

FUNERAL SERVICE PLANNING FORM

Date: ____________

Full Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Baptized? ____ Yes ____ No Baptismal Date: _____

Place of Baptism: _____

Marital Status: ____ single ____ married ____ widowed ____ divorced

Date of Marriage: _____ Name of Spouse: _____

Names and Places of Children:

Names and Places of Brothers and Sisters or Others:

Funeral Home Desired: _____ Phone: _____

Place of Burial: _____ Wake: ____ Yes ____ No

Interment at: _____ Graveside service: ____ Yes ____ No

____ Burial ____ Cremation Viewing before service: ____ Yes ____ No

Type of Service: ____ funeral ____ memorial

Service to include Holy Communion: ____ Yes ____ No

Name of Pastor to officiate: _____

Organist: _____ Soloist or Special Musician: _____

Members of family to be asked to assist in reading, Holy Communion, other?

Pallbearers and telephone numbers:

Suggested Scriptures: First Reading _____

Second Reading _____ Gospel Reading _____

Hymns to be sung by congregation: (This is an encouraged practice)

Suggested solos, anthems, or other music:

Committal: _____ at cemetery _____ at graveside _____ at service

Memorials to be given to: _____

Flowers: _____ Yes _____ No _____ in lieu of – do what: _____

Fellowship Lunch to follow after the service: _____ Yes _____ No

_____ At the church _____ Other: _____