

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 Phone numbers of Children:

Names and Phone numbers 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: _____