

FUNERAL PRE-SERVICE INFORMATION

FULL NAME OF LOVED ONE _____
FUNERAL HOME/CONTACT _____
FAMILY CONTACT PERSON _____

CONTACT ADDRESS _____

CONTACT PHONE cell _____ home _____

SERVICE INFO: date _____ time _____ p.m / a.m
place _____
graveside Y / N _____ time _____

FAMILY MEMBERS

NAMES	CONTACT ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NUMBER OF GRANDCHILDREN: _____ ggChildren _____

EXTENDED FAMILY PRESENT:

OBITUARY INFO: Residence of loved one _____

Name of Parents _____ and _____

Date of Birth _____ Place of Birth _____ Date of Death _____

Age _____ Occupation _____

Name of Spouse _____ Date of Marriage _____

Living? Y / N If no, date of death _____

Preceded in Death by _____

Graduated High School, place _____ date _____

Extended Training & Degrees _____

What accomplishments made [his/her]eyes light up? _____

Hobbies/Interests/Skills _____

Why were they special? _____

Social/Civic Involvement/Lodges _____

Church Affiliation _____

Special designations for Memorial Contributions sent to church? _____

One adjective to describe person _____

ANY SPECIFIC SCRIPTURE PASSAGE? _____

ANY SPECIAL READINGS OR POEMS?

MUSIC:

SOLOIST _____

songs _____

PIANO _____

CONGREGATIONAL HYMNS _____

FAMILY MEMBERS PARTICIPATE? _____

MEMORY SHARING TIME? _____

ANY OTHER SPECIFICS? _____

ANY OTHER CLERGY?

TYPICAL ORDER OF WORSHIP:

OPENING WORDS

PRAYER

SOLO

OBITUARY

MEMORY SHARING TIME

OT READING

SOLO

NT READING

MESSAGE

SOLO

PRAYER

BENEDICTION

RECEPTION

Identify day and time: _____

Estimate the number of people who may attend: _____

The Deacons are available to provide and serve desserts, punch and coffee.

If the family desires additional food, such as a lunch, the family coordinates the food preparation. The Deacons are available to serve the food if it is provided.

Sometimes other groups (sorority, clubs) like to help as well, and can be contacted by the family about bringing food.

Family Contact person:

Phone #: