FUNERAL/Memorial Service Planning Worksheet

to be given to the Church, please print legibly

Name: _____

First Middle Last

Type of service desired (Please check one)

Funeral with body present _____

Funeral service with ashes present _____

Memorial service without body/ashes present _____

Graveside service only _____

Location of service: _____

Location of internment/burial: _____

Obituary read at service (Please circle one) Yes No

Prearranged people to speak a eulogy (Please list names) _____

_____

Music:

Hymns: _____

Solo Music: _____

Scriptures to be read: _____

Funeral Home to be used: _____

Reception desired (Please circle one) Yes No

Other instructions: _____

_____

_____

_____

_____

_____