Officiating Minister: _____

☐ Obituary   ☐ Life Reflections

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Please Mark "X" By One Of The Following

☐ Poem/ Tribute (Please Attach)

☐ Scripture (Please Attach)

Order of Service

Processional: _____

Hymn of Comfort: _____

Scripture Readings

   Old Testament: _____

   New Testament: _____

Prayer: _____

Song or Solo: _____

Resolutions: _____

Remarks or Expressions of Love . . . .
. . . . . . .Limit ____ Minutes, Please

Song or Solo: _____

Word of Comfort: _____

Recessional: _____

Acknowledgment

Perhaps you sent a lovely card or sat quietly in a chair. Perhaps you sent a floral piece, if so, we saw it there. Perhaps you prayed a sincere prayer or came to pay a call. Perhaps you sang a cheerful song, if so, we heard it all. Perhaps you spoke the kindest words, as any friend could say. Perhaps you prepared a tasty dish, or maybe furnished a car. Perhaps you rendered a service unseen, near at hand or from afar. Whatever you did to console our hearts, by word or deed or touch. Whatever was the kindly part, we thank you, oh so much. we just want to say Thank You.

Pallbearers

Flower Bearers

_____

Funeral Program Outline

☐ **Small Tri-Fold** (Limit 6 Photos)   ☐ **Large Tri-Fold** (Limit 10 Photos)

Quantity _____   Program Color _____
Theme _____

1) Please mark by one of the following HEADING or write your own:

☐ Obsequies for   ☐ A Memorial Service for
☐ In Memoriam for   ☐ The Final Christian Rites for
☐ Funeral Service for   ☐ The Homegoing Services for
☐ In Loving Memory of   ☐ A Going Home Celebration for
☐ Elegant Memories of   ☐ The Homegoing Celebration for
☐ A Service of Triumph for   ☐ In Remembrance of our Beloved
☐ Commemorating the of a Warrior
☐ The Homegoing Celebration for the life of
☐ A Service of Praise & Thanksgiving for the life of
☐ The Obsequies for the a Scholar, Commemorating the life, labor and legacy of

Please Mark "X" By One Of The Following

Poem/ Tribute (Please Attach)
Scripture (Please Attach)
Picture (Please Attach)

Sunrise: _____ Sunset: _____

Name of Deceased: _____

Day & Date of Service: _____

Time of Service: _____

Place of Service: _____

Address of Service: _____

City &State: _____