Divine Mortuary Services Funeral Program Format

Number of Programs:_____ Color of Paper:_____ Design:_____
(If picture, please attach)

Funeral Services For:_____

Homegoing Services For:_____

Obsequies For:_____

Final Rites For:_____

Day:_____ Date:_____ Time:_____

Place of Service:_____
(Church or Funeral Home Chapel)

Address:_____

City and State:_____

The Reverend:_____, Pastor
Officiating

Flower Ladies:

_____
_____
_____
_____
_____
_____

Pallbearers:

_____
_____
_____
_____
_____
_____

Acknowledgements:

_____
_____
_____

Funeral Home's Logo:_____

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Order of Service:

Prelude

Processional

Selection or Hymn: _____

Scripture:

The Old Testament:_____

The New Testament:_____

Prayer:_____

Selection or Hymn:_____

Remarks:

_____

_____

_____

Obituary (Read Silently)

Eulogy_____ The Reverend _____

Acknowledgement

Recessional

Postlude

Interment:

_____

_____

_____

(If the Order of service is a different format, please write outline on another sheet of paper and attach)