

Service of Victory for

Date of Birth: _____

Funeral Home Information: _____

Will there be Calling Hours? _____ Yes _____ No

Will there be a Graveside Service? _____ Yes _____ No

If Yes, Location: _____

Service Details

A packet with suggestions for scripture and hymns is available upon request from the church office, and available online at _____.

Officiant/Leader _____

Location of Service (i.e., funeral home, church)

Readings (we recommend 2 -3 Readings):

Reading 1 - _____

Reading 2 - _____

Reading 3 - _____

Readers' Names: _____

Songs (we recommend 3 hymns):

Hymn 1 - _____

Hymn 2 - _____

Hymn 3 - _____

Will anyone be sharing remembrances? _____ Yes _____ No

If Yes, please list their name(s) here:

Special Requests (i.e., Soloist request, special music, etc.)

Pall Bearers (please list the names of Pall Bearers here):

Memorial Designation(s): _____

