



Funeral Service Planning Worksheet

CONTACT INFORMATION

List the person(s) who will be responsible for discussions with the church office:

Name _____ Relationship to deceased _____

Phone No _____ Email _____

Name _____ Relationship to deceased _____

Phone No _____ Email _____

Name _____ Relationship to deceased _____

Phone No _____ Email _____

FUNERAL ARRANGEMENTS

Funeral Home _____ Phone _____

Requested Date of Service: _____ Time: _____

Type of service (Funeral/Memorial) _____

(No visitation will be allowed before the service)

SERVICE DETAILS

Livestream Service: Yes or No

Slide Show Presentation (*May submit up to five (5) photos*): Yes or No

Preferred Hymn _____

Eulogist _____

Officiating Pastor(s) _____

Guest Musician or Soloist _____

Food Service: Yes or No

No. Persons _____ @ \$7/person

Total Amount Payable \$ _____

Signature _____ Date _____