
GENERAL INFORMATION

Date of Birth: _____

Family Representative or Contact Person:

Address: _____

Phone(s): _____

Email: _____

Funeral Home: _____

Phone: _____

WORSHIP INFORMATION

Pastor: _____

Accompanist: _____

Hymn(s): _____

Preludes/Postlude(s): _____

Soloist (Optional) and if available: _____

Solo Selection(s) _____

Liturgy:

Option 1—Liturgy for a Memorial Service –or–

Option 2— Easter Liturgy

Scripture(s): _____

Remembrance/Reflections By: _____

(This reflection must be coordinated with the pastor prior to the service.)

INTERMENT

Where: _____

Burial –or–

Cremation

When:

Immediately Following Worship

After Funeral Lunch

Alternate: _____

MEMORIALS TO THE CHURCH

Designated Memorials to: _____

(If designated to music fund denote Adult or Youth Program)

Undesignated (Use at the discretion of the church)
