Church Funeral Planning Worksheet

Name of Funeral Home				
Street Address	City	State	Phone	
Funeral Director				
Preferred method of dis	sposition (circle	one): Burial Crema	ation	
Casket required (circle of	ne): Yes	No		
If yes, what type (circle of	ne): Metal	Wood		
		11000		
Urn required (circle one)	: Yes No			
Address for internment of	of casket or urn		Phone	
reacted for internation (or cashet or arm		THOILE	
Location for scattering o	f ashes (if prefer	red)		
Person who will receive	remains if not int	erned		
Clothing Choices for the	Deceased			
Shirt/Dress:				
Pants:				
Pants:				
Pants: Shoes: Jewelry (circle one):				

Deceased's full legal name		Last Legal Address	
Gender (circle one):	Male Female		
Social Security Number	Date of Birth	Date of Death	Age
Full Name of Deceased's Mother		Full Name of Deceased's Father	
Full Name of Spouse			
Names of Children (note		Names of Siblings (r	
1		1	
2 3		3.	
4.		4.	
5.		5.	
Main Occupation Educational Background		Work Place School Name	
Branch of Service (if appl	icable)	Highest Rank Attaine	ed (if applicable)
The final resting place of	the deceased's ren	nains:	
Designate a donation req	uest in lieu of flowe	rs:	
	nclude in obituano		
Any additional details to i	nouse in solitary.		
Any additional details to i	noude in oblidary.		
Any additional details to i	induce in containy.		

Name of presider:					
Location	Date	Time			
Opening prayer/Welcome:					
Readings to Include:					
1					
2					
3					
Songs to Include:					
1					
2					
3					
Person Giving the Eulogy:					
Opportunity for mourners to speak	(circle one): Yes No				
List of pallbearers:					
1					
12					
1 2					
12 234					
1. 2. 3. 4.					
1. 22 3. 4. 5.					
1. 2. 3. 4.					