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## Funeral or Memorial Service Planner

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Type of Service Preferred

- |  |  |
|--|--|
| <input type="checkbox"/> Funeral—open casket   | <input type="checkbox"/> Religious     |
| <input type="checkbox"/> Funeral—closed casket | <input type="checkbox"/> Non-religious |
| <input type="checkbox"/> Memorial service      | <input type="checkbox"/> Family only   |
| <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Open          |

### Arrangements

Location of service: \_\_\_\_\_

Time of service: \_\_\_\_\_

Do you wish to hold visiting hours before the service? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Do you wish to have a reception after the service? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

### Content of Service

- Organ or other instrumental music
- Soloist
- Hymns or songs for congregational singing

Musical selections: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scripture readings/other readings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eulogies/personal statements or recollections: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other important elements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Participants**

Person(s) officiating: \_\_\_\_\_

Musicians: \_\_\_\_\_

\_\_\_\_\_

Speaker(s): \_\_\_\_\_

\_\_\_\_\_

Pallbearers/honorary pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ushers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_