

PLANS FOR FUNERAL OR MEMORIAL SERVICE

Date: _____

(Submit to a pastor or the church office, where it will be kept on file until needed.)

FULLNAME: _____

Name you prefer to be addressed by: _____

BIRTHDATE: _____

AUTOBIOGRAPHICAL INFORMATION (e.g., place of birth, employment, marriage, children, favorite hobbies, places of travel, etc.): _____

Place of Internment: _____

Funeral Home: _____

I would like services to be held at church/funeral home/other (please specify):

I would like for the following people to serve as Pallbearers if they are physically able (optional):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Other _____

FUNERAL SERVICE (fill in as many or as few details as you would like)

Music:

- | | |
|----------|-------------------------------|
| 1. _____ | Congregational hymn/Solo/c.d. |
| 2. _____ | Congregational hymn/Solo/c.d. |
| 3. _____ | Congregational hymn/Solo/c.d. |

Favorite Scriptures: _____

Are there any appropriate poems or other readings? _____

Other requests for the service: _____

I would like for the person delivering the eulogy to consider my philosophy of life, death and resurrection. It is as follows: _____

The one thing about me that I want to be sure is said:

Date: _____

Signed: _____