



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: _____

Speakers: _____

Pallbearers/Honorary Pallbearers: _____

Ushers: _____

Other Notes: _____
