

# PRE-PLAN

## Funeral and Memorial Service Planning Sheet

Your funeral service is also a Christian witness to your family and friends. For some this may be a rare opportunity to hear the Gospel. With this in mind, plan your funeral service as a final testimony of your faith in Christ.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Spouse: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Military Veteran: \_\_\_\_ Yes \_\_\_\_ No Which Branch: \_\_\_\_\_

Funeral Service at: \_\_\_\_\_ Church \_\_\_\_\_ Funeral Home

Flowers desired to remain at Church for Sunday Service? \_\_\_\_ Yes \_\_\_\_ No

Name of Funeral Home Desired to Handle  
Arrangements: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Viewing at: \_\_\_\_\_ Funeral Home \_\_\_\_\_ Church \_\_\_\_\_ Both

Cremation: \_\_\_\_ Yes \_\_\_\_ No

Casket Burial: \_\_\_\_ Yes \_\_\_\_ No

1. Do you have any favorite Scripture verses you would like read during the service?

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2. Do you have any favorite hymns you would like sung by the congregation?

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3. Do you wish to have a soloist?  Yes  No

Preference of Soloist \_\_\_\_\_

Name of Music \_\_\_\_\_

4. List other music or songs you would like used for your service.

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5. If available, would you like the choir to sing?  Yes  No

Name of Music \_\_\_\_\_

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6. Would you like for your family, friends, and fellow believers in Christ to share any special thoughts or memories of your life during the funeral service?  Yes  No

7 Are there any special items or objects you would want used or emphasized at your service? If so, what?

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8. Do you have any other comments or instructions for your service?

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9. Who do you wish to be pallbearers?

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10. Would you like anything special mentioned in your obituary?

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Name of Cemetery: \_\_\_\_\_

Address: \_\_\_\_\_

Committal Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

Honor Guard at Cemetery: \_\_\_\_\_ Yes \_\_\_\_\_ No

Luncheon following service: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes speak with Funeral Committee.)

Approx. Number Attending: \_\_\_\_\_

Memorial Gifts Designated To: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Endowment Fund: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_