

Date form completed _____

FUNERAL PLANNING

Full Name: _____

Date and Place of Birth: _____

Date and Place of Death: _____

Funeral Home: _____

Visitation at: _____

Burial at: _____

Service at: _____

Preacher: _____

Musician: _____

Lectors: _____

Speakers/Remembrances: _____

Scripture Selections: _____

Hymns/Songs: _____

Communion: (Yes or No): _____

What would you like on the Bulletin cover? _____

(For example, a photo, a bible verse, an image, or we will create something for you.)

Memorials to be donated to: _____

Special Instructions:

