



# FUNERAL PLANNING FORM

## MEMORIAL SERVICE

Full Name of Deceased: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Pastor Presiding: \_\_\_\_\_  
Funeral Location: \_\_\_\_\_ Burial Location: \_\_\_\_\_  
Funeral Date: \_\_\_\_\_ Funeral Time: \_\_\_\_\_  
Visitation: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Time: \_\_\_\_\_ In Church: \_\_\_\_\_ At Funeral Home: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_ Funeral Director: \_\_\_\_\_  
Funeral Director Phone: \_\_\_\_\_ Casket or Urn: \_\_\_\_\_  
Military Affiliation: \_\_\_\_\_ Honor Guard Present: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Location of Honor Guard: \_\_\_\_\_

## FUNERAL SERVICE

Processional Hymn: \_\_\_\_\_  
Other Music: \_\_\_\_\_ Live: \_\_\_\_\_ Recorded: \_\_\_\_\_  
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Other Music: \_\_\_\_\_ Live: \_\_\_\_\_ Recorded: \_\_\_\_\_  
Recessional Hymn: \_\_\_\_\_  
Scripture Preference: \_\_\_\_\_  
Additional Speakers: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Additional Speakers: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Slide Show/Video: \_\_\_\_\_

## KITCHEN NEEDS

Luncheon: Following Service: \_\_\_\_\_ Following Burial: \_\_\_\_\_ Possible Number Attending: \_\_\_\_\_  
Specific Luncheon Needs: \_\_\_\_\_  
Caterer Information: \_\_\_\_\_