

## Funeral Service Worksheet

Name of Person: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Service: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Will there be a graveside service? Yes \_\_\_ No \_\_\_ Location of graveside: \_\_\_\_\_ Time: \_\_\_\_\_

Will there be a visitation? Yes \_\_\_ No \_\_\_ Location of visitation: \_\_\_\_\_ Time: \_\_\_\_\_

### Speakers:

1. Officiant: \_\_\_\_\_
2. Reader: \_\_\_\_\_
3. Remembrance: \_\_\_\_\_

### Would you prefer:

- \_\_\_ A family meal  
\_\_\_ A reception

### Music:

- |                        |       |       |
|------------------------|-------|-------|
| 1. Musicians:          | _____ | _____ |
| 2. Hymns Sung:         | _____ | _____ |
| 3. Instrumental Songs: | _____ | _____ |

### Scriptures:

1. Old Testament: \_\_\_\_\_
2. New Testament: \_\_\_\_\_

### Pallbearers:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

### Special Instructions: