

FUNERAL / MEMORIAL WORKSHEET

Member

Prospect

Other

DECEASED INFORMATION

Full Name of Deceased _____

Date of Birth _____

Date of Death _____

Spouse _____

Wedding Anniversary _____

Home Address _____

Home Phone _____

Cell Phone _____

Activity within church _____

Activity within community _____

OTHER FAMILY MEMBERS

Children (& spouse)

Grandchildren (& spouse)

Brothers/Sisters (& spouse)

MEMORIAL SERVICE DETAILS

Date of Visitation _____

Time _____

Location _____

Date of Service _____

Time _____

Officiating _____

Funeral Home _____

Contact Persons _____

Memorial Signature Book

Bulletin / Leaflet

Other

Participants in Service

Scripture Reader(s) _____

Remembrances by family/friends

Music

- Audio/dvd/other _____
- Pianist _____
- Soloist _____
- Other _____

Requests of the Family

Memorabilia Display Yes No Number of Tables _____

Reception following Service Yes No Location _____

Meals Needed Yes No Number of Meals _____

Coordinating Person or Team _____

Caring Caller / Date _____

Caring Caller / Date _____

Caring Caller / Date _____

Home Meals Needed Yes No Number of Meals _____

Coordinating Person(s) _____

Other Details _____

