

Funeral Information Worksheet

Deceased's full name _____

Dates of birth/death _____

Contact person

Name _____

Phone # _____

Pastor in charge _____

VISITATION

Date _____

Time _____

Place _____

Light refreshments? _____

in family _____

Serving time _____

FUNERAL SERVICE

Date _____

Time _____

Place _____

Organist? _____ Confirmed? _____

Pianist? _____ Confirmed? _____

Musicians? _____ Confirmed? _____

Bulletin cover selected? _____

How many bulletins needed? _____

Order of funeral service completed? _____

Memorials/funds designation? _____

Sound technician contacted? _____

Phone # _____

Music, etc. given to technician? _____

BURIAL

Date _____

Time _____

Place _____

Refreshments or meal requested? _____

Date _____

Serving time _____

Location _____

in family attending? _____

(Be realistic with travel plans for those out of town)

close friends attending? _____

Is family/deceased a member of a
Sunday school class or small group? _____

Have close friends volunteered to help with food? _____

Names? _____

Phone #s _____

Will there be a general invitation for all
who attend the service to stay for the meal? _____

Does the family need a meal at home? _____

Are there dietary restrictions? _____

Set-up directions for the custodian(s) completed? _____

Additional instructions

Copy to:

Pastor in charge

Receptionist

Deaconesses