

Funeral Service Planning Form

Location of Service: _____
(Church, Temple, Funeral Home, etc.)

Officiant of Service: _____
(Clergy, Minister, or Other)

Religious Affiliation: _____

Person responsible for arrangements:
(Include name, address, and phone number.)

Relationship of responsible person to deceased: _____

Contact Information of Family and Friends to Notify:
(Include name, address, and phone number.)

Names of Pallbearers:
(Include address and phone number.)

Name of Speakers:
(Include address and phone number.)

Favorite instrument: _____

Favorite hymn(s) or song(s):

Favorite scripture(s) or reading(s):

Favorite Prayer(s):

Favorite color: _____

Favorite flower: _____

Donations in lieu of flowers? YES / NO

If Yes, Favorite Charity: _____

If Military Veteran, flag will drape casket? YES / NO

List any additional instructions not considered above:
