



Funeral Pre-Planning Worksheet

Please give full legal names on this document, and complete as much information as is known.

Service details will be completed in conversation with the Pastor and Funeral Coordinator.

This form is for planning purposes only; changes can be made.

Today's date _____

Individual for whom service is being planned

Name _____
 Street Address _____
 City, State, Zip _____
 Phone _____ Email _____

Date of birth	_____
Birth city and state	_____
Date of death	_____
Death city and state	_____
Baptismal date and location, if known	_____

Family Information

Primary Family Contact 1	Name	_____
	Relationship	_____
	Street Address	_____
	City, State, Zip	_____
	Phone	_____
	Email	_____

Primary Family Contact 2	Name	_____
	Relationship	_____
	Street Address	_____
	City, State, Zip	_____
	Phone	_____
	Email	_____

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Family Information - continued

Spouse	
Children	
Siblings	
Other relatives or significant relationships	

Arrangements (please include if known at this time)

Please indicate plan: (circle one)	Cremation	Casketed body
Funeral Home		
Name of Funeral Director		
Location of Interment (final resting place)		

Service Details

Will remains be present at the service?	
Celebration of Holy Communion desired?	

Hymn/Song Preferences

1 st Choice	
2 nd Choice	
3 rd Choice	

Scripture Readings

1 st Choice	
2 nd Choice	
3 rd Choice	

Time of Remembrance (Eulogy) – name(s) of individual(s) who will speak, if desired	
Special Requests (musicians/soloists)	