



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	
	Address	
	Phone	
	Email	
Family Contact 2	Name	
	Relationship	
	Address	
	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	<input type="checkbox"/> Cremation <input type="checkbox"/> Casketed body
Funeral Home and Name of Funeral Director	
Location of Interment (final resting place)	

Service Details

Will remains be present at the service?	If yes, please check below. <input type="checkbox"/> Urn <input type="checkbox"/> Casket
Celebration of Holy Communion desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hymn/Song Preferences	1. 2. 3.
Scripture Readings	1. 2. 3.
Time of Remembrance (Eulogy) – name of individual who will speak, if desired	
Special Requests (musicians/soloists/pastor preference)	