

## INFORMATION FOR MEMORIAL/FUNERAL SERVICE

Date of Meeting: \_\_\_\_\_ Memorial or Funeral Service? \_\_\_\_\_  
Name of Deceased: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
\_\_\_\_\_  
Date of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_  
Location of Service: \_\_\_\_\_ Interment? \_\_\_\_\_  
Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_

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Officiating Minister: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Organist: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Florist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a need for any family members and/or attendees to use the elevator? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you working with a member of the Caring Team from church? Who? \_\_\_\_\_ No

Will there be a reception in the parish hall following the service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name of Caterer: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Comments/Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please diagram on back of this sheet any special requests for tables/chairs set-up for reception.*