



FUNERAL PLANNING SHEET

Name of the deceased: _____ Date of passing: _____

Name of family member: _____

(Primary contact for funeral arrangements)

Address: _____

Telephone: _____

Name of the funeral chapel: _____

Address: _____ Funeral Director: _____

_____ Telephone: _____

Name of the cemetery: _____

Address: _____ Telephone: _____

Funeral Ceremony Date: _____ Time: _____

Type of service requested: RELIGIOUS / CIVIL

Religious Denomination or Belief System of the deceased/family:

Eulogy Speaker(s): _____

CHAPEL SERVICE:

Will there be music provided by the chapel? YES / NO

Is the music live or recorded? LIVE / RECORDED

Approximate length of time for the Chapel Ceremony: _____

Names of requested songs, music, hymns: _____

Special requests of the family for the ceremony:

Approximate number attending: _____

Number of individuals in the family party: _____



Number of Pall-Bearers: _____

GRAVESIDE COMMITTAL:

Will there be a graveside committal? YES NO

If so, will the minister attend? YES NO

Will there be a military component for service persons? YES NO

Will there be a gun salute? YES NO

Will there be a presentation of the U.S. flag? YES NO

Approximate length of time for the Graveside Committal Ceremony: _____

Suggested Graveside Ceremony words:

Suggested Opening Scripture verses and/or prayers:

Suggested verses/poems/prayers to be included in Minister's Message:

Closing Prayer suggestions:

Benediction suggestions:

LOGISTICS:

Will the minister address the family during the ceremony? YES NO

Will the minister lead the pall-bearers to the hearse? YES NO

Will the minister drive to the ceremony or ride with someone? DRIVE / RIDE

With whom?

MINISTERIAL FEE: No fee – Donations can be made to The Journey of Hudson Valley

PRE-PAID: PAY LATER:

When? _____ When? _____

By whom? _____ By whom? _____

AFTERCARE:

Time when minister can call or visit family after funeral: _____