

CRFUMC Funeral Planning Document

Full name of Deceased: _____

Nicknames or Name to be used in service: _____

Date of Birth: _____ Date of Death: _____

Point of Contact(s)

Name: _____ email: _____

phone: _____ Relationship _____

Name: _____ email: _____

phone: _____ Relationship _____

Requested Date and time of service: _____

Internment Location: _____ Date and Time: _____

Musicians: Organist Piano Other: _____

Hymns or Music to play during service: _____

Special Scriptures: _____

Special Speakers (Must let Pastor know a day before service): _____

_____ Audio Visual Tech Person Needed: Yes No Livestream Service: Yes No

Memorial Video/Slide Show: Yes No Childcare: Yes No

Obituary: Yes No (Please Email To Church Two Days Before Service)

Memorial Bullitens Yes No (Please Email To Church Two Days Before Service)

Table In Welcome Area for Memorabilia: Yes No

Easel for Picture Yes No Location: In Sanctuary In Welcome Area Both

Reception: Yes No Location and time: _____

Number of People for the Reception: _____

Our Funeral Dinner Coordinator will be in touch with you as soon as we have notice of the reception.

