

Memorial Service Planning Form

Location of Service: _____
(Church, Temple, Funeral Home, etc.)

Officiator of Service: _____
(Clergy, Friend, or Other)

Religious Affiliation: _____

Person responsible for arrangements:
(Include name, address, and phone number)

Contact Information of Family and Friends to Notify:
(Include Name, Address, and phone number)

Contact Information of Speakers:
(Include name, address, and phone number.)

Favorite instrument: _____

Favorite hymn(s) or song(s):

Favorite scripture(s) or reading(s):

Favorite Prayer(s):

Favorite color: _____

Favorite flower: _____

Donations in lieu of flowers? YES / NO

If Yes, Favorite Charity: _____

Special Interests of Loved One:

Hobbies of Loved One:

Goals or plans of Loved One:

Major Accomplishments of Loved One:

Video or Slide Show to be included in Service?: YES / NO

List any additional information not considered above:
