



### FUNERAL SERVICE WORKSHEET

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Date of Service \_\_\_\_\_ Time of Service \_\_\_\_\_

Family contact name \_\_\_\_\_ Phone/Email \_\_\_\_\_

Funeral Home \_\_\_\_\_ Florist \_\_\_\_\_

Anticipated number of guests \_\_\_\_\_

Service Location (circle): Church      Chapel      Cremation      Casket

Interment (circle): Yes (before service, during service, after service)      No

Christ Church Memorial Garden \_\_\_\_\_ Cemetery (please list) \_\_\_\_\_

Clergy: \_\_\_\_\_ Acolyte: \_\_\_\_\_ Crucifer: \_\_\_\_\_

Order of Worship (circle): Rite I      Rite II      Holy Eucharist (circle): Yes      No

Organ Prelude \_\_\_\_\_ Postlude \_\_\_\_\_

Congregational Hymns	Other music requests (instrumental, solo)
1. _____	1. _____
2. _____	2. _____

Scripture Readings: *Select 1-3 passages of scripture, a Psalm selection is optional, a reading from the gospel (Matthew, Mark, Luke, John) is required only if the service includes Holy Eucharist.*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Names of readers:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Remembrances:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Live online streaming of service (circle): Yes      No      Recording/Flash Drive of service(circle): Yes      No

Passages email sent to Parish (circle): Yes      No      Reception at Christ Church (circle): Yes      No

Memorial Plaque (circle): Yes      No      Full Name for Plaque: \_\_\_\_\_

**Please send acknowledgement of memorials to:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Notes:**