

Funeral Information Form

DATE AND TIME OF FUNERAL REQUESTED: _____

NAME OF DECEASED : _____

DATE OF BIRTH: _____

DATE OF DEATH : _____

FAMILY MEMBERS: _____

RELATIONSHIP TO DECEASED: _____

FAMILY'S CONTACT INFORMATION:

TELEPHONE NUMBER: _____

ADDRESS: _____

A MEMBER OF FIRST PRESBYTERIAN CHURCH: _____

NAME OF FUNERAL HOME: _____

REQUEST FUNERAL TO BE HELD IN: CHAPEL OR SANCTUARY

REQUEST FOR: VIEWING OR MEMORIAL

SPECIAL MUSICAL REQUESTS: _____

NUMBER OF ATTENDEES: _____

SPECIAL USHERS REQUESTED: _____

ANY SPECIFIC MEMORIAL DESIGNATIONS: _____

REQUEST FOR A LUNCHEON FOLLOWING FUNERAL: YES OR NO

NAME OF CATERER: _____

PLACE OF BURIAL: _____

REQUEUST FOR INTERNMENT IN THE COLUMBARIUM: _____

HAS FAMILY GIVEN PERMISSION FOR LOVED ONE'S PASSING TO BE REMEMBERED IN THE PROGRAM BROCHURE? _____