

FUNERAL AND MEMORIAL SERVICE
INFORMATION FORM

We recommend reviewing the *Funeral and Memorial Policies* prior to filling in this form. The information you provide will guide the conversation between you and the pastor officiating the service.

First, Middle, and Last Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

Place of Birth: _____

Age: _____

Primary Contact Person: _____

Relation: _____

Preferred Phone Number: _____

Preferred Email (please print): _____

Home Address: _____

Select: Funeral or Memorial Service Number of guests anticipated: _____

Location of service:

Sanctuary Aldrich Chapel Columbarium Funeral Home

Date of service: _____ Time of service: _____

Note: Final date and time will be determined in conjunction with the family, pastor(s), funeral home, and church scheduling coordinator.

Name of funeral home: _____ Phone: _____

Name of funeral director: _____

Traditional Burial: Yes No

Cremation: Yes No

First United Methodist Columbarium Inurnment: Yes No

Niche location: _____

Graveside Service Date/Time/Address/Location:

Pastor requested: _____

Live stream the service: Yes No (*Sanctuary, only*)

See the cost of live streaming in the Funeral and Memorial Planning Guide.

Scripture preferences: *Consult the pastor and view the Scripture Recommendations document.*

Old Testament Reading: _____

New Testament Reading: _____

Music Preferences: *Consult the Hymn Recommendations document.*

Congregational Hymns: _____

Do you have a special request for a vocal solo or instrumentalists? Yes No

See cost of soloist in the Funeral and Memorial Planning Guide.

Guest Book provided by:

Funeral Home

Family

Name of Worship Participants for Remembrances or Scripture Readings (optional):

Remembrances (5 mins): _____

Remembrances (5 mins): _____

Scripture Reader: _____

Scripture Reader: _____

Military Service: Yes No (*this will be coordinated by the Funeral Home*)

If so, branch served: _____

Military honors at service: Yes No

Taps: Yes No

Masonic Affiliation: Yes No

Flag presentation: Yes No

Surviving Family Members:

Spouse: _____

Date of Marriage: _____

Number of Children: _____

Number of Grandchildren/Great Grandchildren: _____

Notification for All Saints Day: *Please include the names and address of those to be notified for All Saints Day when your loved one will be remembered during worship services.*

Memorial Contributions: Choose from one or more from the following:

First United Methodist Church

Other organization or ministry area (specify): _____

Charity of the family's choice (specify): _____

No mention

Parking or Accessibility Needs:

Additional Comments:

