

Funeral/Memorial Service Planning Worksheet

Date:

Name:

Type of Service: ___ Church Service ___ Funeral Home Service ___ Graveside Only

Cremation: ___ Yes ___ No

Scripture Readings (2-4 Readings Total is Typical):

Other Readings/Poems:

Hymns (2-3 is Typical):

Other Music Preferences (Prelude, Postlude, etc.):

Any Other Instructions/Preferences: