

Name of the Deceased:

Date of Funeral:

Funeral Details



The eternal God is your dwelling place, and underneath are the everlasting arms.

Funeral Details

Funeral Date:

	Time:	
Cremation/Buria	al Location: Time:	
Funeral Director	rs: Contact Persor Phone No.:	n:
	Deceased	Next of Kin
Name:	• • • • • • • • • • • • • • • • • • • •	
Known as:	• • • • • • • • • • • • • • • • • • • •	Relation
Age:	• • • • • • • • • •	Address:
Date of Birth:	/ /	
Place of Birth:	• • • • • • • • • • • • • • • • • • • •	
Date of Death:	/ /	
Place of Death:		Phone:
Occupation:		
Marital Status:	married/single/divo	orced/widowed
Spouse Name:	• • • • • • • • • • • • • • • • • • • •	
Children: .		Phone:
۰		Phone:
		Phone:
٠		Phone:
Church Backgro	und / Faith:	

Church:

Service Information

Musician:	• • • • • • • • • • • • • • •	Phone:
		Reason
Music:		
Intro:		••
Exit:	• • • • • • • • • • • • • • • • • • • •	
Hymn: 1		
Hymn: 2		
Family member(s) or clo	se friends to	speak (optional):
Name		Relationship
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
Family member or friend	d to do a Bible	e reading/poem (optional):
Name		Relationship
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
Reading:		
Further information:		
Expected Numbers:	Adults:	Children:
Service Sheet Details:		ectors print Church print Sheet not requested
Flowers:	Church Flow	wers 🖵 Florist's Display 📮
Gifts from Guests:	Flowers 🗖	Charity Donation 🗖
Committal:	Curtains:	Closed □ Open □
	Family 🗖	Friends a t
Refreshments:	Family 🗖	Friends 🗖 at

Personal Stories

to form the basis of the eulogy or tribute

► Early life & childhood (born, background)

► Friends/education (school stories)

Family (parents/siblings, partner/children)
► Church/spirituality
▶ Work/home work
► Major life events/Hardships
▶ Travel
► Hobbies & interests
▶ Social life
► Later life (retirement)
▶ Illnesses/loss (thanks for care received from)
Nicknames/funny phrases
▶ Any sensitive information/anything you don't want mentioned?
▶ What word(s) would you use to describe them?
▶ What did they like to spend time doing?
▶ What was important to them?
▶ What would you like them to be known for?
▶ What would you like them to know?
I give consent for the information collated on this form and any accompanying notes to be retained for funeral records and to assist in preparation for a funeral service. \Box
Signed: Date: