

Second Presbyterian Church  
Memorial and Funeral Service Arrangements Information Sheet

CHURCH MEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

A. FUNERAL ARRANGEMENTS

1. Family and persons to notify upon death (close friends, personal representative or executor). Attach sheet with additional names, if necessary.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Have you made arrangements for interment?  
(i.e., burial, cremation, organ donation) YES \_\_\_\_\_ NO \_\_\_\_\_

3. If you are choosing cremation:  
do you wish your remains to be buried on church grounds? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" have you consulted with one of the pastors? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Who in your family is aware of your wishes? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

B. THE SERVICE

1. Do you wish the service to be a \_\_\_\_\_ funeral, \_\_\_\_\_ memorial service,  
\_\_\_\_\_ at church, \_\_\_\_\_ elsewhere. Where? \_\_\_\_\_

\_\_\_\_\_ private graveside service only.

2. What particular scriptures would you like read, or do you have a scripture with a special personal meaning?

Old Testament: \_\_\_\_\_

New Testament: \_\_\_\_\_

3. Are there any other special readings? \_\_\_\_\_

\_\_\_\_\_

4. Music:  
Hymns for congregational singing? \_\_\_\_\_  
\_\_\_\_\_

Organ prelude and postlude? \_\_\_\_\_  
\_\_\_\_\_

Special Music \_\_\_\_\_  
\_\_\_\_\_

5. Are there particular family members or friends that you would like to have participate in your service? In what manner? (Pall bearers, soloists, readers, ushers, etc.)

Name	How participate?
_____	_____
_____	_____
_____	_____
_____	_____

6. Do you have a preference about the design for the cover of the bulletin for the service? You may specify a particular Bible verse or quotation and/or a type of drawing (a flower, a sunset, a lake, or a religious symbol, for instance).

\_\_\_\_\_  
\_\_\_\_\_

7. Are there particular passages of scripture or poetry which you would like to have included in the bulletin?

\_\_\_\_\_  
\_\_\_\_\_

8. Is this information on file with any other person or institution?

\_\_\_\_\_

9. Would you like additional copies of this document? YES \_\_\_\_\_ NO \_\_\_\_\_

How Many? \_\_\_\_\_

10. Would like to confer with one of the pastors about this information? YES \_\_\_\_\_ NO \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_