



FUNERAL/MEMORIAL SERVICE PLANNING FORM

Service in Memory of: _____

Date of Service: _____ Time of Service: _____

Location of Service: _____

Location Address: _____

Officiant(s): _____

Family Contact Name: _____ Contact Phone: _____

Contact Email: _____

Type of Service: Funeral Memorial Graveside Celebration of Life

*A funeral is different from a memorial service in that a body is present at the funeral whether in casket or cremation. A graveside service is specifically at the graveside. A Celebration of Life is just as it sounds – a celebration of the individual’s life sometimes long after the individual has died.

Spiritual/Religious Affiliation of the Deceased: _____ Of the family: _____

1. Please provide any information about what the deceased had specified in their wishes for a funeral or memorial service:

2. What do you hope that this funeral or memorial service will be? Why do you want to have a funeral/memorial service for your loved one?

3. Please list any readings you would like to have read at the service and the names of the individuals reading them:

| | |
|----------------|---------------|
| READING: _____ | READER: _____ |

4. Please list any musical selections you would like to have played at the service and the names of the individuals playing them:

MUSICAL TITLE: _____

ARRANGED BY: _____ PLAYED BY: _____

MUSICAL TITLE: _____

ARRANGED BY: _____ PLAYED BY: _____

MUSICAL TITLE: _____

ARRANGED BY: _____ PLAYED BY: _____

MUSICAL TITLE: _____

ARRANGED BY: _____ PLAYED BY: _____

MUSICAL TITLE: _____

ARRANGED BY: _____ PLAYED BY: _____

5. Please list any family members and/or friends who will be speaking or providing eulogies:

NAME: _____ RELATIONSHIP TO DECEASED: _____

6. Would you like the Hospice House Chaplain to provide a reflection? YES NO

If yes, please list how long you would like the reflection to last: _____

7. Please list any prayers or liturgies you would like to have read during the service:

8. Would you like the Hospice House Chaplain to produce a bulletin for the service? YES NO

9. How many individuals do you expect to attend the service (rough estimate)? _____

10. Please list any additional requests you have for the service or any questions you might have for the chaplain:

Chaplain Notes:

