

Fairfax United Methodist Church

Funeral Planning Worksheet

Pre-Planning

Full Name _____

Name for Bulletin and Service _____

Address _____

Phone Home _____ Cell _____

Date/City of Birth _____

Location of Funeral _____

Location of Internment _____

Post-funeral reception requested at church? Yes _____ No _____

Funeral Home Name _____

Funeral Home Contact Information _____

Obituary Completed Yes _____ No _____

Send Memorial Contributions to: _____

Address _____

Burial or Cremation Preference Burial _____ Cremation _____

Speakers (Eulogy) _____ Contact info _____

_____ Contact info _____

_____ Contact info _____

Preferred Scripture Readings _____

Preferred Music Selections _____

Other Special Requests _____

Family Point of Contact/Phone _____ / _____

Names of Children _____