

Christian Funeral Pre-Planning Worksheet

Full Name:								
Born: Date/	/	Place of Birth:						
Parents:								
Baptism: Date:	<i>JJ</i>	Church of E	Baptism:					
Marriage: To whom:								
Date:/	J	Place of W	Vedding:					
Children's Name / Cit	:y	Living	Brothers and Sisters Name / City	Living				
		yes / no		yes / no				
		yes / no		yes / no				
		yes / no		yes / no				
		yes / no		yes / no				
		yes / no		yes / no				
Number of grandchild	dren:		Number of great-grandchildren: _					
	or organized ac	civities particip	ated in over the years:					
Funeral Service Infor	mation							
Held at Church	Held at	Funeral Home	(which?)					
Visitation (yes / no)	If "yes," when	າ?						
Flowers (yes / no)	Memorials (where / for what?)							
	Have you considered remembering the Lord's work in your will? (yes / no)							
You Confirmation Pas	ssage for possible	e use in the ser	vice:					
Favorite Hymns for p	ossible use in the	e service:						
Interment:	Ground: where?							
	Tomb/Vault: where?							
	Cremation: where?							

Additional Information				
Person Filling Out This Form:	 	 Date:	/	_/