

Memorial Service Plan

NAME _____

DATE SUBMITTED TO CHURCH OFFICE _____

FUNERAL HOME/DIRECTOR _____

CEMETERY LOCATION _____

LOCATION FOR SERVICE _____

MINISTER TO OFFICIATE _____

SCRIPTURES TO BE READ _____

HYMNS TO BE SUNG _____

PREFERENCE FOR SERVICE (check one)

_____ Viewing, Service and Graveside Committal

_____ Closed casket, Service, Graveside Committal

_____ Private viewing (family & close friends), Private Burial, then Service

_____ Cremation, Private Interment of ashes, then Service

_____ Other _____

ORGANIST FOR THE SERVICE _____

SOLOIST FOR THE SERVICE _____

MEMORY SHARING BY FAMILY OR FRIENDS? WHO? _____

MEMORIAL GIFTS TO _____

ANY OTHER INSTRUCTIONS _____

(Two copies to be kept/distributed to family/private records and one copy to LPPC for church records)