



MEMORIAL SERVICE CHECKLIST

Full Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

Baptized? Yes No

Date of Memorial Service: _____

Officiating Priest: _____

Survived By:

Name of the Funeral Home: _____

Please check one of the following three boxes:

Ashes
Will remains be interred in the Prayer Garden? _____

Body Burial
Will there be a graveside service? _____

Name of cemetery: _____

Please list the names of the Pallbearers: _____

Will there be military honors at the grave? _____

Remains will not be present for the service.

Scripture Readings: Please pick one from each section.

Old Testament or Epistles

- Isaiah 25:6-9
- Isaiah 61:1-3
- Lamentations 3:22-26, 31-33
- Job 19:21-27
- 1 Corinthians 15:20-26, 35-38, 42-44, 53-58
- Romans 8:14-19, 34-35, 37-39
- 2 Corinthians 4:16-5:9
- 1 John 3:1-2
- Revelation 7:9-17
- Revelation 21:2-7

Psalms

- Psalm 23
- Psalm 27
- Psalm 106:1-5
- Psalm 116

Gospels

- John 5:24-27
- John 6:37-40
- John 10:11-16
- John 11:21-27
- John 14:1-6

Will there be communion? _____ For approx. how many? _____

Please list any worship music preferences?

Technical items: Slide show DVD presentation
(These need to be available at least 24 hours prior to the service.)

Will someone give a eulogy in addition to the homily? If so, who?

Memorial contributions may be made to (optional): _____

Costs:

- | | | | |
|-------------------------|-------|------------------------------------|-----------------------------|
| Sound technician | \$75 | | |
| Altar flowers | \$100 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Reception flowers | \$30 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Prayer Garden/Engraving | \$150 | | |
| Musician | \$150 | (other than full-time music staff) | |