**FUNERAL REQUEST FORM**

Please return completed form in person or by email

|  |  |
| --- | --- |
| Date:  |  |

PLEASE PRINT:

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| --- | --- |
| Name of Deceased: | Active Member: Yes No  |
| Date of Death:  | Age at Death: |
| Date of Funeral: | Time of Funeral: |
| Name of Applicant: | Active Member: Yes No |
| Address:  | Relationship to Deceased: |
| City/Town: | County: | Post Code: |
| Mobile Telephone: | Email: |
| Name of Funeral Home: | Contact at Funeral Home: | Contact Telephone: |
| Location of Interment: | Food Service: Yes No |
| Choir/Soloist Needed: Yes No | Assistance With Planning: Yes No |
| Donation Amount to FFCC: | Donation Amount to Officiating Pastor: |
| Musician Fee: | Soloist Fee: |
| Food Service Fee: | Deposit: |

**ORDER OF SERVICE TEMPLATE**

**Homegoing Services of** [Enter the complete named of the deceased]

**Officiated by** [insert the name of the pastor, minister, or other service leader]

**Musical Prelude**

[Insert names of performers if other than the choir.]

**Invocation**

[Insert the name of the person offering it, if different than the religious leader officiating.]

**Processional**

[Encourage audience to stand as Officiating Pastor, Ministers, Pallbearers, and Family enter.]

**Scripture Reading**

[Common choices include: Psalm 23, 46, 90, 121; John 5:24-29, 6:37-40, 11:25-27, 14:1-7; 1 Corinthians 15:12-26; Romans 5:1-11, 5:17-21, 8:31-35]

**Hymn**

[List title and author if known. Insert lyrics if participation is encouraged, or names of soloists or musicians if other than the choir.]

**Reading of Obituary**

[Include the name of the person reading it, if it is to be read out loud.]

**Reading of Acknowledgments, Expressions, Cards**

[Include the name of the person reading them.]

**Musical Selection/Solo**

[Insert names of performers if other than the choir.]

**Reflections**

[Encourage family members and friends to share 2-minute expressions of remembrance.]

**Musical Selection/Solo**

[Insert names of performers if other than the choir.]

**Sermon/Invitation to Discipleship**

[Officiating Pastor or other Designee]

**Benediction**

[Officiating Pastor or other Designee]

**Recessional**

[Encourage audience to stand as Officiating Pastor, Ministers, Pallbearers, and Family exit.]

**Musical Postlude**

[Insert names of performers if other than the choir.]

**Pallbearers:** [insert their names.]

*Those attending are cordially invited to join the family at [insert address] for interment, and afterwards, to share in a meal to celebrate the life of [the deceased,] at [insert address].*

FOR OFFICE USE ONLY:

**Office Verification:**

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| --- |
| Date Availability Verified:  |
| Pastor Contacted:  |

**Bereavement Call:**

Bereavement Pastor contact made: Yes / No

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| --- |
| Notes: |

|  |
| --- |
| Verified By: |

**Membership Verification:**

Deceased Member: Yes / No Applicant Member: Yes / No

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| --- |
| Verified By: |

**Availability and Needs Assessment:**

Church Available: Yes / No

Pastor Available: Yes / No

Funeral Only: Yes / No

Funeral & Food Reception: Yes / No

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| Verified By: |

**Program Planning:**

Does family need assistance in planning the program? Yes / No

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| --- |
| Verified By: |

**Role Assignments:**

|  |  |
| --- | --- |
|  | **Fee Communicated:** |
| Officiating Pastor: | Yes / No |
| Musician: | Yes / No |
| Soloist:  | Yes / No |
| Food Service: | Yes / No |

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| Verified By: |

**Fees:**

|  |  |  |
| --- | --- | --- |
| **Payable to:** | **Amount:** | **Received:** |
| Church: |  | Yes / No |
| Officiating Pastor: |  | Yes / No |
| Musician:  |  | Yes / No |
| Soloist:  |  | Yes / No |
| Food Service:  |  | Yes / No |
| Deposit: |  | Yes / No |
| Balance: |  | Yes / No |

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| --- |
| Verified By: |