

Salem UMC Funeral/Memorial Planning – for Loved One

Basic Details

Your Name: _____ Relationship: _____

Phone: _____ Email: _____

Full Name of Loved One: _____

Preferred Name/Nickname: _____ Birthdate: _____

Other Family: _____

Service Details

Preferred Mortuary/Funeral Home: _____

Cemetery or Other Final Resting Place: _____

Preferred Type of Service:

(funeral means there is a casket; memorial means no casket, although there may be ashes)

Visitation: _____ yes _____ no _____ my family can decide

Favorite Scriptures (and why): _____

Music: _____ traditional _____ modern

Favorite Hymns or Songs: _____

Other Special Music (Prelude and/or Postlude): _____

Organization(s) to Receive Memorial Contributions: _____

Special Poems/Writings (Please include a copy with this sheet):

Photograph (If you would like to include a photograph please include it with this sheet.)

Service Date and Time: _____ Service Location: _____

Number of Bulletins Needed: _____

Slide Show and/or Photo Display: _____ yes _____ no
(Please see slide show information sheet for details on submitting photographs.)

Other Information: _____

Reception Details

Reception: (The church will provide a reception after the service is you wish. It can be for family only or be open to all in attendance at the service.)

Are you interested in this service? _____ yes _____ no

If yes, how many people are you expecting? _____

Will the reception be open to the public? _____ yes _____ no