

# MEMORIAL SERVICE WORKSHEET

Immanuel Presbyterian Church • 9252 E. 22<sup>nd</sup> Street • Tucson, AZ 85710 • 520-296-2253

This worksheet is designed to help you plan the memorial service or funeral for someone who has died. It may be downloaded at [immanuelpc.org](http://immanuelpc.org). Please print clearly to assure correct spelling.

Full name of deceased (first, middle, last): \_\_\_\_\_

Maiden name, or other names known by: \_\_\_\_\_

Next of kin: (Please give complete name[s], address, phone, and email address for the main person(s) to contact regarding this memorial service.)

\_\_\_\_\_  
\_\_\_\_\_

Deceased's address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth (City, State): \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death (City, State): \_\_\_\_\_

Dates and locations of baptism and confirmation:

\_\_\_\_\_

Spouse's name(s): \_\_\_\_\_

Date(s) and location(s) of marriage: \_\_\_\_\_

Family members: *(In naming siblings, children, grand-children and great-grandchildren please note those who are deceased. You are welcome to include the names of the spouses of these family members.)*

Names of parents, including mother's maiden name:

\_\_\_\_\_

Names (and city/state) of siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names (and city/state) of children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of grandchildren: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of great-grandchildren: \_\_\_\_\_

\_\_\_\_\_

Names of other survivors: *(May include great-great-grandchildren, nieces, nephews, and others you would want named in the obituary.)*

Disposition of remains: \_\_\_ Cremation \_\_\_ Burial \_\_\_ Other: \_\_\_\_\_

Name of mortuary: \_\_\_\_\_

Name of cemetery or memorial garden: \_\_\_\_\_

Do you wish to have a \_\_\_ memorial service (a service that usually follows cremation or burial or other disposition of remains) or a \_\_\_\_\_ funeral (a service with body present)?

Name of pastor requested: \_\_\_\_\_

What scripture readings would you like to have read at the service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What congregational hymns would you like sung during the service?

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Which family members will participate in the service (reading scripture, speaking, etc)?

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What wishes, if any, do you have for the reception or lunch following the service?

Dessert reception       Light Lunch       Catered Meal  
 Provided by family       No reception at church

Please attach a sheet(s) describing

- Information to be included in the obituary (education, training, occupation, hobbies, interests, passions, etc)
- A list of ways the deceased served here at Immanuel or in other churches.
- Your preferences regarding flowers, memorial gift designation(s), etc.
- Consider where, if appropriate, Memorial Gifts (see page 10 of the Memorial Service Guidelines) are to be sent, and include addresses when possible.

Your name: \_\_\_\_\_

Your home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Your email address: \_\_\_\_\_