

FUNERAL AND MEMORIAL SERVICE CHECKLIST

Name of Deceased: _____.

Family Contact: _____.

General Information

Date of Service: _____. Day: _____. Time: _____.

Type of Service: Memorial: _____. Funeral: _____.

Location: Sanctuary: _____. Funeral Home: _____.

Number of Guests expected for Reserved Section: _____.

Nursery Required: _____.

Bulletins Requested: Number: ____ Place on Back Pew: _____. Library: _____.

Tapes: _____. Person Taping Service: _____.

Parlor Needed: _____.

Refreshments Needed After Memorial Service for Family Members and Out of Town Guests: _____. Persons or Committee to be Responsible: _____.

Flowers

Name of Florist: _____.

Time of Delivery: _____.

Pall or Flag Used: _____.

Preparation of the Sanctuary

Reserve _____ Pews for Family with Reserve Signs.

Reserve _____ Parking Spaces.

Reception

Location: Westminster Hall _____. Parlor _____.

Staff Requirements Checklist

Heating/Cooling Adjustment _____. Turn on Lights _____. Light Candles _____.

Turn on Sound _____. Insert Tapes and Set-up for Taping _____.

Unlock Doors One-Hour Prior to Service _____.

Remove Trash from all Outside Areas _____.

Sweep Steps, Entrances, Sidewalks and Courtyard _____.

Take Extra Care with Areas that the Family will Pass Through _____.

Vacuum all Floors _____.

After Service/Reception

Blow out Candles ____.

Turn off Sound _____.

Lock Sanctuary _____.

Turn off Lights _____.

Remove Reserved Spaces Signs/Cones _____.

Lock Sanctuary Doors _____.

Prepared by _____. Date: _____.