



**Faith Fellowship Community Church**  
 5937 Watt Avenue  
 North Highlands, CA 95660  
 (916) 339-9156 (Voice) - (916) 339-9005 (Fax)  
 Dr. Melvin G. Barney, Esq., Senior Pastor

## FUNERAL REQUEST FORM

Please return completed form in person or by email at [info@faithfellowshiplive.org](mailto:info@faithfellowshiplive.org)

Date: \_\_\_\_\_

**PLEASE PRINT:**

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:		State:	Zip 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:			
Would you like a DVD of the Dedication for a cost of \$20.00?				Yes	No

# ORDER OF SERVICE TEMPLATE

## ORDER OF SERVICE

**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:

Date Availability Verified: \_\_\_\_\_

Pastor Contacted: \_\_\_\_\_

### **Bereavement Call:**

Bereavement Pastor contact made:  Yes  No

Notes: \_\_\_\_\_

Verified By: \_\_\_\_\_

### **Membership Verification:**

Deceased Member:  Yes  No

Applicant Member:  Yes  No

Verified By: \_\_\_\_\_

### **Availability and Needs Assessment:**

Church Available:  Yes  No

Pastor Available:  Yes  No

Funeral Only:  Yes  No

Funeral and Food Reception:  Yes  No

Verified By: \_\_\_\_\_

### **Program Planning:**

Does family need assistance in planning the program?  Yes  No

Verified By: \_\_\_\_\_

### **Role Assignments:**

Officiating Pastor: \_\_\_\_\_ Fee Communicated:  Yes  No

Musician: \_\_\_\_\_ Fee Communicated:  Yes  No

Soloist: \_\_\_\_\_ Fee Communicated:  Yes  No

Food Service: \_\_\_\_\_ Fee Communicated:  Yes  No

Verified By: \_\_\_\_\_

### **Fees:**

Church: Amount \$ \_\_\_\_\_ Received:  Yes  No

Officiating Pastor: Amount \$ \_\_\_\_\_ Received:  Yes  No

Musician: Amount \$ \_\_\_\_\_ Received:  Yes  No

Soloist: Amount \$ \_\_\_\_\_ Received:  Yes  No

Food Service: Amount \$ \_\_\_\_\_ Received:  Yes  No

DVD: Amount \$ \_\_\_\_\_ Received:  Yes  No

Deposit: Amount \$ \_\_\_\_\_ Received:  Yes  No

Balance: Amount \$ \_\_\_\_\_ Date Balance Received: \_\_\_\_\_

Verified By: \_\_\_\_\_