



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

Date: _____

PLEASE PRINT:

Name of Deceased:	Active Member:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Death:	Age at Death:		
Date of Funeral:	Time of Funeral:		
Name of Applicant:	Active Member:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Choir/Soloist Needed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assistance With Planning: <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____