**FUNERAL REQUEST FORM**

Please return completed form in person or by email at info@faithfellowshiplive.org

Date: ________________

**PLEASE PRINT:**

<table>
<thead>
<tr>
<th>Name of Deceased:</th>
<th>Active Member:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Death:</td>
<td>Age at Death:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Funeral:</td>
<td>Time of Funeral:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Applicant:</td>
<td>Active Member:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Address:</td>
<td>Relationship to Deceased:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/Town:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Mobile Telephone:</td>
<td>Email:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Funeral Home:</td>
<td>Contact at Funeral Home:</td>
<td>Contact Telephone:</td>
<td></td>
</tr>
<tr>
<td>Location of Interment:</td>
<td>Food Service:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Choir/Soloist Needed:</td>
<td>Yes</td>
<td>No</td>
<td>Assistance With Planning:</td>
</tr>
<tr>
<td>Donation Amount to FFCC:</td>
<td>Donation Amount to Officiating Pastor:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musician Fee:</td>
<td>Soloist Fee:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Service Fee:</td>
<td>Deposit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like a DVD of the Dedication for a cost of $20.00?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
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:**