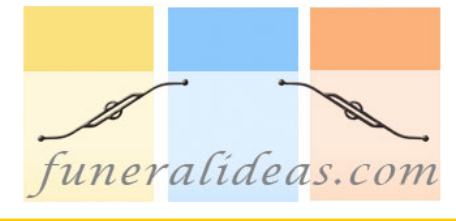


Funeral/Memorial Service Planning Sheet



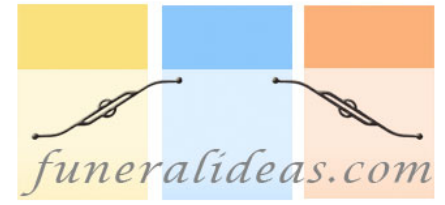
Deceased: _____

Person in Charge: _____ Telephone: _____

Next of Kin: _____ Telephone: _____

Service Arrangements			Confirmed?
Date & Time of Service: _____			
Address: _____ City: _____			
Contact Person: _____ Telephone: _____			
Approximate Number of Guests: _____			
Minister / Priest / Master of Ceremony: _____ Telephone: _____			
Setup Instructions	Urn Present? Yes / No	Memory Table? Yes / No	Photo Boards? How many ____
	Register Book: Yes / No		
Flowers	Focal Point	Theme	Color(s)
Music	Live _____ _____		
	Recorded - CD / Tape _____ _____		

Funeral/Memorial Service Planning Sheet



Deceased: _____

Person in Charge: _____ Telephone: _____

Next of Kin: _____ Telephone: _____

Service Arrangements					Confirmed?
Audio/Visual	LCD Projector? Yes / No		Screen ? Yes / No		
	Extra Speaker (large crowd)? Yes / No		Video Recording? Yes / No		
Programs	Custom Design? Yes / No		Black & White Quantity ____	Color Quantity ____	Text Quantity ____
Memorial Cards	Quantity: _____				
Parking Attendant?	Yes / No				

Additional Notes: _____
