

## **Funeral / Celebration of Life Worksheet**

Fill out as much as you can and send back to funeral@highpointchurch.us within 10 days of funeral. Add additional sheets if necessary.

,	First Name	Last Name
Name of person filling out form:		
Relationship to deceased:		
		I
INFORMATION OF LOVED ONE	First Name	Last Name
Full name of loved one:		
Age:		
Date & Place of birth:		
Date & City/State of death:		
Cause of death:		
Name of Spouse:		
Date & years married:		
Previous spouse's name (if applicable):		
Previous spouse's name (if applicable):		
	First Name	Last Name
Current Pastor's name:		
Current church attending:		
CHILDREN	Full Name:	Spouses Name (if applicable)
Name of Child:		
GRANDCHILDREN	Full Name	Age
Name & Age		
Name & Age		
Name & Age LOVED ONES PARENTS	Full Name	Current Age if living
	Full Name	Current Age if living

SIBLINGS	Full Name	Current Age if living
Name & Age		
INFORMATION ABOUT THE SE	ERVICE	
Location:		
Requested Date:		
Requested Time:		
,		_
Name of Funeral Home		
Key Contact Name:		
Phone Number:		
		_
Funeral or Celebration of Life?		If casket: Open or closed?
If applicable: Grave site location:		
Time:		
Processional to grave site?		
	First Name	Last Name
Name of minister conducting service?		
If not from Highpoint: Contact Information		
Additional people speaking at service?	First Name	Last Name
Name		
Contact Information		
Involvement		
·	First Name	Last Name
Name		
Contact Information		
Involvement		
'	First Name	Last Name
Name		
Contact Information		
Involvement		
	First Name	Last Name
Name		
Contact Information		
Involvement		

There is no standard memorial format. Use this space to let us know what you'd like to see included in the service, type of message delivered, specific details, and we have also provided some questions below to help you in the planning process:

Will there be a slide show?	If yes: Who is providing?	Played before?
Will you have a special video played?	If yes: please email the YouTube video lin	nk to funeral@highpointchurch.us
Do you plan to have someone sing/play?	If yes: Who?	
Do you have special songs you'd like played?	If yes: What songs?	
Would you like the obituary read?	If yes: by who?	
Will you have flowers delivered?	If yes, we'll help you determine when tho	se can be delivered.
Wiill there be military honors during service?	If yes, please work with the funeral home to arrange.	
Are you having a reception afterward?	If yes: Offsite or at church?	
If at church: Name & Contact of person handling details (food, setup, etc)		
Would you like reception announced?	YES OR NO	
Any areas we missed?		
Is there a Memorial cause that friends are	be encouraged to give to?	
Slide requested to be at end of service:	Name of Organization	Ways to give:
YES OR NO		
ADDITIONAL INFORMATION C	N LOVED ONE	This helps us personalize the service.
Spiritual history		
Date of salvation		
Date of baptism		
Favorites		
Favorite hymn or song		
Favorite Bible verse		
Favorite bible story		
Movie		
Song		
Food		
Activity		

## Life at a Glance

Most people's lives can be broken down into chapters: separated by career, places of residences, milestones in their life, or years. Help provide a glance at their life.

What would their chapters look like?

Dates	or Age	Key chapter of life / Phases of Life	Brief Description of event or reason it stands out
Hobbies & Interes	sts	Fill in the boxes below	
Education		Name of School	Studied
Occupation(s)		Company	Position
	Company & Position		1 0011011
	Company & Position		
	Company & Position		

Military Service	Branch of Military	Location & Dates or Age
Community Service	Organization	Reason loved serving this organization
Church involvement/service	Church	Reason loved serving this organization
LEGACY QUESTIONS FOR FAM	ILY	
Ask a few different family members th	is question, and record their ans	wers.
If you had to describe your loved one	with only three words, what three	e words would you choose & why?
Chosen by: Name	1st Word	Why?
Relationship	2nd Word	Why?
	3rd Word	Why?
Chosen by: Name	1st Word	Why?
Relationship	2nd Word	Why?
	3rd Word	Why?
Chosen by: Name	1st Word	Why?
Relationship	2nd Word	Why?
·		
	3rd Word	Why?

Chosen by: Name	1st Word	Why?	
Relationship	2nd Word	Why?	
, , , , , , , , , , , , , , , , , , ,			
	3rd Word	Why?	
	Sid vvoid	vviiy :	
Change by Name	d at Mand	\A/I <sub>2</sub> Q	
Chosen by: Name	1st Word	Why?	
Relationship	2nd Word	Why?	
	3rd Word	Why?	
		-	
Chosen by: Name	1st Word	Why?	
Relationship	2nd Word	Why?	
	3rd Word	Why?	
	ora rrora		
		) A III .	
Chosen by: Name	1st Word	Why?	
Relationship	2nd Word	Why?	
	3rd Word	Why?	
Chosen by: Name	1st Word	Why?	
,		,	
Relationship	2nd Word	\Mbv2	
relationship	Ziiu vvoiu	Why?	
	3rd Word	Why?	

Once you have filled this worksheet out, please email it back to our Coordinator at funeral@highpointchurch.us