

RENEWAL MINISTRIES of Colorado Springs

FUNERAL SERVICE PLANNING

Funeral director _____ Phone: _____ Facility: _____
Address: _____ City _____ State ____ Zip ____
Viewing? _____ Date of service: _____ Time: _____
Graveside Service: _____

Family Contact: _____ Relationship: _____ Phone: _____
Address: _____ City _____ State ____ Zip ____
Family Contact: _____ Relationship: _____ Phone: _____
Address: _____ City _____ State ____ Zip ____

Deceased: _____ **Born:** Date _____ City _____ State _____
Died: Date _____ Place _____ City _____ State _____
Address: _____ City _____ State ____ Zip ____

Survived by: (Spouse) _____ Married _____ (Children) _____

(Parents) _____
(Siblings) _____
_____ (Grandchildren) _____ (Great grandchildren) _____

Information surrounding the death: _____

Spiritual History: _____

Personal Data: (education, clubs, awards, sports, character, memorable moments) _____

RENEWAL MINISTRIES

of Colorado Springs

Favorite songs? _____

Favorite scriptures? _____

Decease's last words? _____

Order of Service: (music, scripture, testimonies, etc.) _____

Meals for family & guests? _____

Flowers / Donations? _____

Additional notes: _____
