

# Celebration of Life Worksheet

Organizer of Sympathy/Contact Person(s) \_\_\_\_\_

Contact information Phone \_\_\_\_\_ Email \_\_\_\_\_

## Biographical Information: Personal

Name \_\_\_\_\_ Known as \_\_\_\_\_

Information already provided to funeral home  Yes, go to other side of form  No, copy this for funeral home

Birthdate \_\_\_\_\_ Place of birth \_\_\_\_\_

Baptism \_\_\_\_\_ Church membership \_\_\_\_\_

Graduation – public school \_\_\_\_\_ College/professional/other \_\_\_\_\_

Marriage date \_\_\_\_\_ Military service \_\_\_\_\_

Work history/business(es) \_\_\_\_\_

Community organizations \_\_\_\_\_

Other \_\_\_\_\_

Date of death \_\_\_\_\_ Place of death \_\_\_\_\_

## Biographical Information: Family

Parents \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Spouse \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Children \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Children \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Children \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Children \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Children \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Children \_\_\_\_\_  Living  Deceased Date \_\_\_\_\_

Grandchildren \_\_\_\_\_

Other significant relationship(s) \_\_\_\_\_

## Preparation for the Celebration

Funeral Home \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of service \_\_\_\_\_ Time of service \_\_\_\_\_

Place of service  Church  Funeral home  Cemetery  Other \_\_\_\_\_

Place of burial  Cemetery \_\_\_\_\_  Other \_\_\_\_\_

Family meal  No (skip next line)  Yes (go to next line)

Before service  After service Number of family expected \_\_\_\_\_

Memorial Gifts  To church (indicate use of memorial) \_\_\_\_\_

Other \_\_\_\_\_

## Celebration Service

Officiant(s) \_\_\_\_\_

Musician/organist \_\_\_\_\_ Singer(s) \_\_\_\_\_

Scripture readings  Old Testament \_\_\_\_\_  Psalm \_\_\_\_\_

Epistle \_\_\_\_\_  Gospel \_\_\_\_\_

Other readings  provided to pastor \_\_\_\_\_

read by family member/friend \_\_\_\_\_

Hymns to sung by congregation \_\_\_\_\_

\_\_\_\_\_

Special Music to be sung by soloist/duet \_\_\_\_\_

\_\_\_\_\_

Family witnessing  Yes  No Congregational witnessing  Yes  No

Pall bearers \_\_\_\_\_

Honorary pall bearers \_\_\_\_\_

Military rites  Yes  No Masonic or other rites  Yes  No

Other information \_\_\_\_\_

\_\_\_\_\_