



Universal Life Church

Funeral Planning Sheet

Funeral Information

Funeral Ceremony Date: _____ **Time:** _____

Name of the Deceased: _____ **Date of Passing:** _____

Primary Contact: _____ **Phone Number:** _____

Address: _____

Funeral Chapel: _____ **Phone Number:** _____

Funeral Director: _____ **Address:** _____

Cemetery: _____ **Phone Number:** _____

Address: _____

Type of Service Requested: Religious Civil

Religious Denomination or Belief System of the Deceased/Family: _____

Chapel Service

Will there be music provided by the chapel? No Yes

Is the music live or recorded? Live Recorded

Requested Song Titles: _____

Special requests by the family: _____

Number of people in attendance: _____

Number of family members in attendance: _____

Number of Pall-Bearers: _____

Grave Side Committal

Will there be a graveside committal? No Yes

If yes, will the minister attend? No Yes

Will it be a military service? No Yes

Will there be a gun salute? No Yes

Will there be a national flag? No Yes

Requested words, scriptures, verses, poems, speeches: _____

Closing Prayer and Benediction: _____

Logistics

Will the minister address the family during the ceremony? No Yes

Will the minister lead the pall-bearers to the hearse? No Yes

Will the minister drive to the ceremony or be driven? Drive Driven by: _____

Will the minister revisit the family at a later date? No Yes, when? _____

Ministerial Fee

Payment: Prepaid Pay After

Amount: _____

Payor: _____ Phone Number (optional): _____