

SAMPLE FUNERAL “FAMILY QUESTIONNAIRE”

For the Pastor & Diaconate
(To Be Completed by the Family)



**Written by Dr. William “Bill” Whitaker
Director of Clergy & Leadership
Development
Baptist General Convention of Virginia**

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Family Questionnaire “About Your Loved One”

FUNERAL DETAILS & ARRANGEMENT SHEET For the PASTOR & Diaconate (To Be Completed by the Family)

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TO THE PASTOR/DIACONATE

*Completed by the Family of the Deceased



_____ Baptist Church
Funeral Arrangement Sheet

*To be Completed by the Family of a Deceased Loved One.
Please forward the completed form to the Church Office.*

I. Family Point-of-Contact (P.O.C.)

**Funeral arrangements will only be discussed with the P.O.C. or an appointee of the P.O.C. Appointees must be provided in writing/email by the P.O.C.*

Name of Family P.O.C.: _____

Relationship to the Deceased: _____

Family P.O.C. Phone #: _____

Family P.O.C. Email Address: _____

II. About Your Loved One

A. Name of Deceased: _____

B. Date of Birth: _____

C. Place of Birth: _____

D. Date of death: _____

E. Address for Church to Correspond with Family:

Street Address: _____

City _____ State _____ Zip _____

F. Maiden Name: _____

G. Spouse's Name: _____

H. Number of Years Married: _____

I. Place of Worship (If not ___ BC): _____

J. Education (Highest Grade Completed) _____

K. Employment _____

L. Military Service

1. Rank: _____

2. Branch of Service: _____

3. War Service: _____

TO THE PASTOR/DIACONATE

*Completed by the Family of the Deceased



M. Other Activities

1. Organizations: _____

2. Hobbies/Interests: _____

III. About the Family of the Deceased

Please provide the following information about the family of the deceased so that we can be in contact with and minister to your family. If the family member is deceased, please give an approximate year they passed. Please write "N/A" in spaces that do not apply to your family.

A. Mother: _____ Living or Deceased (year: _____)
Phone (if living): _____ Email: _____

B. Father: _____ Living or Deceased (year: _____)
Phone (if living): _____ Email: _____

C. Children

1. Child: _____ Living or Deceased (year: _____)
Phone (if living): _____ Email: _____

2. Child: _____ Living or Deceased (year: _____)
Phone (if living): _____ Email: _____

3. Child: _____ Living or Deceased (year: _____)
Phone (if living): _____ Email: _____

4. Child: _____ Living or Deceased (year: _____)
Phone (if living): _____ Email: _____

TO THE PASTOR/DIACONATE

*Completed by the Family of the Deceased



About the Family of the Deceased (cont'd.)

D. Siblings

1. **Sibling:** _____ Living or Deceased (year: _____)

Phone (if living): _____ Email: _____

2. **Sibling:** _____ Living or Deceased (year: _____)

Phone (if living): _____ Email: _____

3. **Sibling:** _____ Living or Deceased (year: _____)

Phone (if living): _____ Email: _____

4. **Sibling:** _____ Living or Deceased (year: _____)

Phone (if living): _____ Email: _____

E. Other Close Relatives and Friends: