

SAMPLE FUNERAL HOME/DIRECTOR INFORMATION SHEET

(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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**FUNERAL HOME/DIRECTOR INFORMATION SHEET
(To Be Completed by the Family)**

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FOR THE FUNERAL HOME DIRECTOR

*To be completed by the family.



**Funeral Home/Director
Information Sheet**

(Please give the following pages to the Funeral Home/Director when the funeral date/time has been confirmed at ____BC.)

Information for the Funeral Home/Director

A. Preferred Funeral Home & Director:

B. it is the responsibility of the Funeral Home/Director to...

- Arrange for placement of the body (1 hour prior to the start of the visitation hour)
- Care for the family prior to the beginning of the funeral service
- Guide and direct the family to the designated “gathering area” within ____BC as mentioned above
- Give instructions and guide the family and guests for the recessional after the funeral service has concluded
- Lead the funeral procession to the cemetery

C. Preferred Location of Funeral Service?

D. Cemetery Burial/Internment Location:

Burial/Graveside Service?

- Before Funeral (Location: _____)
- After Funeral (Location: _____)
- No Burial

E. Cremation? ___ Yes ___ No

F. Viewing/Visitation? ___ Yes ___ No

G. When Meeting with the Funeral Director, Please Bring...

1. A completed copy of the ____BC Bereavement Manual to be left with the Funeral Home staff.
2. Military Discharge Papers (DD-214) If Applicable
3. Clothing (full garments) to be placed on your loved one for burial
4. A Photo of Your Loved One
5. Insurance Policies (if you are using insurance to secure & fund the funeral)
6. Any questions you may have for the Funeral Director

FOR THE FUNERAL HOME DIRECTOR

*To be completed by the family.



H. Questions for the Funeral Director

Our family has the following questions for the Funeral Director/Staff:

I. Requested Date, Time, and Location of Funeral Particulars:

**The requested date and time must be confirmed with the Pastor before finalizing the date/time with the funeral home.*

1. Requested Service Date/Time
Date/Time

Date: _____
Time: _____

Optional Service

Date: _____
Time: _____

2. Desired Location of Family Visitation

J. Family Visitation (Requested Date, Time, & Location):

Requested Date/Time

Date: _____
Time: _____

Optional Date/Time

Date: _____
Time: _____

K. Repast

Is a repast desired and requested? ___ Yes ___ No

If "Yes"...

1. Please see page ___ of the ___ BC Funeral Guide for repast information.

2. Desired location of the repast? (Please check which one applies.)

- _____ Baptist Church
- Family Home (Address of Home: _____)
- Other (Name of "Other" Location: _____)

3. Requested Date/Time of the repast?

Date: _____ Time: _____

4. Optional Date/Time of repast (if your requested date/time is not available)?

Date: _____ Time: _____

FOR THE FUNERAL HOME DIRECTOR

*To be completed by the family.



L. Funeral Service Bulletins

Families are asked to work with the funeral home/director for the provision of the funeral bulletins. However, the order of worship and worship service participants must be approved by the Pastor before the funeral bulletins are finalized and printed.

M. Open/Closed Casket Funeral Service

All _____ Baptist Church funeral services are closed casket. The casket may be open for viewing prior to the start of the funeral. However, it must be closed before the processional can take place.

N. The funeral vehicles are asked meet at the following address where family will be gathering prior to leaving for the funeral:

O. Family Contact's Cell Phone #: _____

P. Parking for the funeral home vehicles is reserved...

____ In front of the Main Sanctuary Entrance
____ Other _____

Q. Upon arrival at _____ Baptist Church, the family will be gathering in...

____ The Fellowship Hall ____ The Chapel ____ Other _____

R. Worship Service Processional Participants:

1. # of Paul Bearers: _____
2. # of Flower Bearers: _____
3. Organizations:
 - a. ____ Military
 - b. ____ Fraternity
 - c. ____ Sorority
 - d. ____ Masonic/Eastern Star
 - e. ____ Other _____

** Masonic, Eastern Star, Sorority, Military, are Fraternal organizations are required to request and receive prior approval and clearance from the Pastor BEFORE make any plans for participation in the wake, Homegoing service, burial or repast without prior approval and clearance from the Pastor.*

FOR THE FUNERAL HOME DIRECTOR

*To be completed by the family.



S. Funeral seating is designated as follows in the ____BC sanctuary:

- The Family is/is not permitted to be seated on the first row of _____ Baptist Church
- Family (left side facing the pulpit)
- Paul Bearers (Right Side facing the pulpit in front of the Flower Bearers)
- Flower Bearers (Right side facing the pulpit behind the Paul Bearers)