

Messias Temple

Funeral Arrangement Form (rev. Jan 2015)

Date taken: _____ Information taken by: _____

DECEASED INFORMATION

Name of Deceased: _____ Date of Death _____

Member of Church: Yes No (If No) Ministry Affiliation: _____

If a family member is a church member, please specify below:

Spouse of: _____ Father of: _____

Child of: _____ Mother of: _____

Other: _____

CONTACT INFORMATION

Immediate Family Contact Person: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Funeral Home/Director: _____ Phone: _____

Funeral Home Address: _____

SERVICES INFORMATION

(Copy of Program/Obituary required prior to printing - subject to approval)

Visitation Date: _____ Time: _____ Location: _____

Family Hour Date: _____ Time: _____ Location: _____

Funeral/Memorial Date: _____ Time: _____

Burial Location: _____

Repast services Requested: Yes No *how many attending* _____ *(See funeral policy for requirements)*

Eulogist: _____

Requested Organist: _____

**Funeral can be streamed "Live" on internet for \$150.00*

***There is a \$100 charge for the use of sanctuary projector and DVD player)*

****It is customary to give an honorarium from the family to the Eulogist and Organist.*