

Memorial Service Wishes

Full Name _____ date: _____

Date of Birth _____

Additional decision maker _____ Phone: _____ E-mail: _____

Funeral home _____ Pre- Arrangements: yes ___ no ___

Committal/Burial where? _____

Service elements

OT reading _____

Psalm _____ Which version? KJV _____ RCL _____ Other _____

Any other reading? _____

Gospel _____ Homily by _____

Communion _____ Eucharistic prayer A B C D Lord's Prayer: traditional _____ contemporary _____

Anything else?

Music

Proclamation _____

During communion _____

Offertory hymn/anthem _____

Closing hymn _____

Other music _____

Family & Friends participating in service:

Reflections _____

Intercessor _____

Readers _____

Oblators _____

Chalice bearers _____

Anything else?

Other prayers/poems to include in bulletin _____

Flowers (type and colors if desired) _____

Memorials in lieu of flowers: Yes ___ No ___

Favorite charity _____

Reception (what type of food) _____

Family contact _____ phone _____

Notes _____

End of Life Instructions for Families: A copy to be placed in St. Judes files

Also with:

Name: _____ Phone: _____ E-mail: _____

Estate Plans:

I have remembered St. Jude's in my will/trust: Yes ___ No ___

My will/trust/ insurance is filed with whom/where: _____

signature _____

date _____

witness _____

date _____