

First-Centenary United Methodist Church  
**Memorial Service Planning**

Date \_\_\_\_\_

\_\_\_\_\_ (person completing document)

**Information is provided for:**

(1) myself or (2) \_\_\_\_\_ (name)

**Special Requests for Service of Death and Resurrection or Memorial Service**

**Funeral Home**

\_\_\_\_\_

I would like ashes to be placed in the Memorial Garden. Yes \_\_\_\_\_ No \_\_\_\_\_

**Burial Location Preferred** \_\_\_\_\_

I would like the primary pastor for this service to be \_\_\_\_\_

Other than this pastor, clergy I would like to be involved in service

\_\_\_\_\_

\_\_\_\_\_

**Favorite Scriptures to be read** \_\_\_\_\_

\_\_\_\_\_

**Favorite Hymns to be played or sung by the Congregation**

\_\_\_\_\_

\_\_\_\_\_

**Other favorite sacred music** \_\_\_\_\_

\_\_\_\_\_

**Soloist Requested** \_\_\_\_\_

\_\_\_\_\_

**Family member to contact in event of death** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_