

**Fir-Conway Lutheran Church
FUNERAL/MEMORIAL CHECKLIST**

Name of Deceased: _____
Date of Death: _____ Date of Birth: _____
Location of Death: _____
Funeral Home: _____

Date of Memorial/Burial: _____
Time of Memorial/Burial: _____
Graveside: _____
Location: _____

Family Contact: _____
Relationship: _____
Email: _____ Phone: _____
Address: _____

Musician: _____
Vocalist: _____
Florist: _____
Caterer: _____
Pastor: _____
Luncheon or Reception: _____
Number of Guests expected at Luncheon or Reception: _____

Bulletin Preparation: _____
Number of Copies: _____

Notes: