



CONNECT. GROW. SERVE.

Date of Planning Meeting : ____/____/____

FUNERAL AND MEMORIAL SERVICE PLANNING GUIDE

Section 1 – General Information

Christian Service for: _____ (First), _____ (Last),
(Middle name or initial, optional) _____

Date of Funeral/Memorial Service: _____ *Notes*

Time of Service:

Visitation at Funeral Home *(Date/Time)*:
and/or

Visitation at Church *(Date/Time)*:

Location of Service: Downtown Campus Highlands Campus Other: _____

Clergy Officiate: _____

Primary Family Contact: _____, Relationship to: _____

Phone: (____) _____ Email: _____

Immediate Family:

Bethel Member: Yes No

Date of Death: _____

Funeral Home (or Cremation Center) Name: _____

Note other Burial/Inurnment information (location, timing): _____

Military Honors: Yes No

Location of Military Honors: _____

Interest in Bethel Highlands Columbarium: Yes No

Important: A Bethel Highlands Columbarium niche dimensions are 9.5" wide x 9.5" at the rear, 11" x 11" high at the face, and 11" deep. If a niche is shared, both urns must fit within this space



Is the family interested in designating memorial funds to one of Bethel's ministries?

Bethel General Fund Memorial Fund Endowment Fund

Other Non-Bethel Organizations: _____

Section 2 – Worship Preferences

Have Service Pre-arrangements Been Made? Yes No

Baptized? Yes No

Service Bulletin Heading: _____

The Prelude

Opening Litany

The Processional Hymn: _____

The Invocation

The Prayer

The Scripture Reading (and Readers): _____

(Optional) Other Music or Non-Biblical Readings (and Readers): _____

(Optional) Eulogists - maximum of 3: _____

(Section 2, continued)

The Gospel Lesson

The Message

Hymn or Solo: _____

The Apostles' Creed

Holy Communion Celebrated (in church): Yes No

The Prayers

The Lord's Prayer

The Commendation/Blessing

Announcements

Table Blessing

The Closing Hymn: _____

The Postlude

Section 3 – The Reception

Funeral receptions are typically coordinated by the funeral home. When a funeral home is not used, family members are responsible for coordinating reception details.

Reception at Bethel following the service: Yes No

Reception Date & Time: _____

Reception Location: Downtown Campus Highlands Campus Other: _____

Caterer Involved (if Non-Member) _____

Provide Contact information:

(Reception, continued)

Number of People Expected to Attend the Reception: _____

(If available) Service by Bethel Volunteers – Bethel Coordinator Name: _____

Type of Reception: dessert cold sandwich full lunch

Bethel Coffee Equipment used: Yes No

Section 4 – Family Responsibilities if No Funeral Home is Involved

Funeral homes perform a variety of behind the scenes activities. The following is a list of tasks that must be performed by family members and friends if no funeral home is involved.

- _____ Movement of cremated remains to church (must arrive at Bethel 45 min. prior to start)
- _____ Movement of remains to burial place
- _____ Ushers during the service (duties include reserving pews, order of exit, assisting others)
- _____ Purchase, placement and movement of flowers for visitation and the service
- _____ Photographs & mementos, including placement and removal
- _____ Coordination of the reception
- _____ Selection and coordination of burial/inurnment location
- _____ Memorial folder & printing
- _____ Writing and placement of obituaries in newspapers
- _____ Memorial marker selection and engraving
- _____ Guest book and a memorial box for envelopes
- _____ Preference for flowers, memorials or gifts to the family
- _____ Payment of fees and honorariums

Things to consider on or near the urn:

- | | |
|------------------|--------------------------------------|
| _____ Flowers | _____ Bible or other symbol of faith |
| _____ Photograph | _____ Cross |
| _____ Flag | |

Obituary – Funeral homes help families to prepare and place an obituary in local newspapers. Since a funeral home is not being used, you may prepare an obituary yourself and ask your pastor for assistance. The family must arrange for placement of the obituary.

A typical obituary contains attributes such as the following:

Full name of the deceased, age, place of residence, how passed away (optional), date of death, date and location of birth, parents' names (including mother's maiden name), schools attended, marriage information, children, occupation and employment, military service, accomplishments, interests and things you want people to know about the deceased, how they celebrated life, faith and helped others. The deceased will remain in the hearts of spouse name, names of children (with their spouses in parentheses), grandchildren's names (optional), brothers and sisters, nieces and nephews (optional). Preceded in death by these family members. A Memorial Service will take place at time, date and location, information about pre-service activity, inurnment location. Memorials are preferred to this organization name. Consider including a photograph for publication.

Section 5 – Fee Information

For information regarding Funeral and Memorial Service fees, please contact the church office at 715-386-8821.

Funeral & Memorial Service Pre-planning Worksheet

Those wishing to pre-plan their funeral or memorial service may use this section to provide information to Bethel and your family members to help carry out your wishes. Please return this document to the Bethel Church Office for filing.

Birth Date: _____ Place of Birth: _____ (City/State)

Place/Date of Baptism: _____ Place/Date of Confirmation: _____

Immediate Family Members and Their Relationship to You: _____

Marital Status: _____ Prior Spouse(s): _____

Grandchildren: _____

Hobbies, Interests, Accomplishments: _____

Church Activities/Faith Highlights: _____

Favorite Hymns/Scripture: _____

Information about My Military Service _____

Military Honors Desired: Yes NoI Have Completed a Will: Yes NoI Have Completed a Living Will: Yes NoI Wish My Remains to be: Buried Cremated

I Have Made Arrangements for My Burial With (funeral home): _____

Name and Location of Cemetery or Columbarium: _____

(Continued)

I am interested in learning more about the Bethel Highlands Columbarium: Yes No
If yes, request copy of Memorial Garden Policies

I have arrangements for a memorial marker with the following company:

Name: _____ Location: _____ Phone: _____

I prefer that memorial gifts to be used to support these ministries and organizations:

- Bethel General Fund Memorial Fund Endowment Fund
 Other Non-Bethel Organizations: _____