



First United Methodist Church St. Cloud
Funeral/Memorial Information Sheet

Full name of deceased: _____

Date and Place of Birth: _____

Date and Place of Death: _____

Funeral Home: _____

Name and Contact Information of Principal Survivor:

Survivors: _____

Visitation (day, time, location) _____

Memorial/Funeral (day, time, location) _____

Music: _____

Scripture: _____

Speakers: _____

Bulletin/Handouts: Yes, church providing Yes, funeral home providing No

Pre-Service Pictures: Yes, church providing Yes, funeral home providing No

Military Honors: Yes No _____

Graveside service (day, time, location) _____

Reception (day, time, location) _____

Food _____

Number of Persons _____

Preference for flowers or donations made in lieu/in addition to flowers:

Additional information/notes: