

Ceremony Worksheet

Funeral Service for the late: _____

Location (name of venue): _____

Address: _____

Date: _____ **Time:** _____



Officiating/Emcee: _____

Organization of Officiant (Church/Other): _____



Processional: _____

Welcome & Prayer: _____

Musical Selection: _____ by whom: _____

Reading/Poem: _____

Eulogy/Tributes: _____

Musical Selection: _____

By Whom: _____

Video Tribute: _____ created by: _____

Music accompanying tribute: _____

Comments: _____

Musical Selection: _____ by whom: _____

Benediction/Closing/Committal: _____

Recessional: _____



Musicians/Accompanists: _____

Casket Bearers (usually 6)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Honourary Bearers (any number)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Name of Cemetery: _____

Location (City/Town): _____

Committal: _____

Additional Graveside Information (if required):

For example: Piper, flag ceremony, balloon release, placing of flowers, lowering of casket or urn:

Reception: Yes No Immediately following Service Following Graveside (if applicable)

Location of Reception: _____

