

Information the Church Office Will Need:

Name of deceased _____

Age _____ Cause of death _____

Address _____

Name of person making the arrangement

Relationship to deceased _____

Address _____

Telephone Number _____

Specific Minister requested to officiate: _____

Will the service be at Crenshaw Christian Center? ____

If not, location where service will be held:

Name _____

Address _____

Telephone Number _____

Mortuary handling the service _____

Address _____

Telephone Number _____

Cemetery _____

Address _____

Telephone Number _____

Desired date of service _____ Desired time _____

Additional Notes _____

Members' Guidebook for Memorial Arrangements Continued

Suggested Order of Service:

VIEWING (OPTIONAL - CAN BE AT THE BEGINNING OR CLOSING)

PROCESSIONAL _____

SCRIPTURES* _____

PRAYER* _____

SONG _____

ACKNOWLEDGMENTS* _____

OBITUARY (SILENT OR READ)* _____

REMARKS (OPTIONAL) _____

EULOGY (OFFICIATING MINISTER) _____

PARTING VIEW (OPTIONAL
IF NOT AT THE BEGINNING) _____

RECESSIONAL _____

INTERMENT (CEMETERY) _____

*THE OFFICIATING MINISTER IS AVAILABLE TO ASSIST IN THESE AREAS UPON REQUEST

PALLBEARERS (six): HONORARY PALLBEARERS
