

Word of Life Assembly of God

FUNERAL FORM

5225 Backlick Road Springfield, VA 22151
703.941.2312 ~ fax 703.941.1101 ~ cslve@wolag.org ~ www.wolag.org

Personal Information

Full Name _____

Date of Birth ____/____/____ Date of Death ____/____/____ Age _____

Contact Information

Name _____

Address _____

Phone: Home _____ Cell _____

Funeral Home

Name _____

Address _____

Telephone # _____ Appointment for arrangements: Date _____ Time _____

Pastor to go with family: yes no

Viewing: Date _____ Time _____

Interment

Name of Cemetery _____

Address _____

Telephone # _____ Date _____ Time _____

Pastors Attending _____

Memorial Service

Date _____ Time _____ Church _____

Church Address _____

Church telephone # _____ What time will body be at the church? _____

Heat AC Flowers yes no Bulletin - How many? _____ Picture

Sound _____ (DVD on when body arrived at church)

Sermon _____

Worship leader _____ Musician _____

Reading Scripture _____ Reading Eulogy _____

Tributes by _____

Special Song(s) _____ Who is Singing _____

_____ Who is Singing _____

Ushers Pallbearers - How many? _____

Will PowerPoint be needed? ____ yes ____ no Operator _____

Please provide information for Eulogy and bulletin to Christina at cslye@wolag.org.

Meal

How many people? _____ Date _____ Time _____

Restaurant/Place _____ Phone _____

Coordinator _____

Administration

Notify Word of Life Christian Academy

Mark in Servant Keeper

Copy to Pastoral Staff, Office Staff and Sound

Make copies of Directions to restaurant, funeral home and cemetery (church if not at Word of Life)

Email Deacons, Trustees, Pastors, Staff and Departmental Heads about death