

Funeral/Memorial Service Pre-Arrangement Form

First Baptist Church Rome, Georgia

(Please fill this as much of this form out as you can. This form is simply an indication of your preferences as of this date. Any of this information can be changed at any time with a call to the Minister of Worship. The church staff will do what we can to honor your preferences, but please understand that everything may not be possible at any given time due to unforeseen circumstances. Upon completion, please mail or give the form to the Minister of Worship, who will contact you with any questions and provide you a copy for your records.)

Date: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____

Place of Birth: _____

Spouse's Full Name: _____

Spouse's Maiden Name: _____

Place of Marriage: _____

Date of Marriage: _____

Mother's Name: _____

Mother's Maiden Name: _____

Father's Name: _____

Children's and/or Next of Kin Names, Addresses and Phone Numbers

Work and Education

Education (High School): _____

College(s): _____

Usual Occupation (most of life): _____

Kind of Business: _____

Company: _____

Military Records

Branch of Service: _____

Date Enlisted: _____

Rank at Discharge: _____

Date discharged: _____

Name of Wars: _____

Church Activities (places of service, involvement, committees, etc.):

Funeral Service Information

Place of Service: _____

If this place is not available is there an alternative choice for the place of the service?

Place of Visitation: _____

I prefer the visitation to be:

The day before the funeral _____

OR

The day of the funeral _____

Before the service? _____ **After the service?** _____

I prefer that burial be: (check one)

Before the service _____

After the service _____

I prefer a printed program: Yes _____ **No** _____

Flower Preference:

Officiating Minister(s):

Scriptures to be read:

Music:

Organ _____ Piano _____ Both _____ Whatever is available _____

Preferred Organist: _____ Preferred Pianist: _____

Preferred Soloist(s): _____

If the preferred musicians are not available, it will be acceptable for the pastor or minister of worship to find suitable replacements.

_____ Yes _____ No

Specific music to be sung or played:

Pall Bearers (if necessary):

Honorary Pall Bearers:

Please share any special memories you have of First Baptist Church or activities related to the church:

Memorials and Charities:

Place of Interment: _____

Please add any special instructions about the location or details related to interment (i.e. mausoleum, scattering of ashes, etc.):

Other Information and Special Instructions

Please list any other instructions or information you would like us to have:

I would like a personal meeting with the Pastor and/or Minister of Worship to discuss these plans.

Yes _____ No _____

When completed, please return this form to:

**Keith Reaves
Minister of Worship/Music
First Baptist Church
100 East Fourth Avenue
Rome, GA 30161**

Signed: _____

Print Name: _____

Date: _____