



BUNCOMBE STREET METHODIST CHURCH FUNERAL PLANNING WORKSHEET

(Please contact the Church Office at (864) 232-7341 if you need assistance with this form.)

There are many decisions to make when planning your funeral, or planning a funeral for a loved one. By completing this Funeral Planning Worksheet, you will make things easier for your loved ones. After death, a Pastor of Buncombe Street Methodist Church will meet with family members to review your worksheet and help with all aspects of the funeral or memorial service.

This worksheet may be used by:

1. An individual making their advance plans known, or
2. A family planning the funeral of a loved one nearing death or recently deceased.

Please provide as much information as you wish to share. Your pastor will help with the information that you are not sure of at this time.

I. REQUESTOR'S INFORMATION:

Full Name: _____

Email: _____ Phone: _____

Address: _____

Planning for the Funeral of:

_____ **Full Name: First, Middle, (Maiden), Last**

Deceased's Date of Birth: _____

Deceased's Date of Death: _____

Funeral Location: _____

Funeral Date & Time: _____

II. COLUMBARIUM INFORMATION:

Inurnment Date & Time: _____

Niche Owner Name: _____

Niche No.: _____ (A Church Niche is \$3,000 and can accommodate two urns.)

Name of Mortuary/Funeral Home: _____



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III. CLERGY REQUEST:

IV. LITURGIST REQUEST:

V. VISITATION:

Will a visitation be held? ☐ Yes ☐ No (If No, please proceed to **Section VI.**)

Visitation Location: ☐ Orders Parlor ☐ Lobby Area ☐ Other Location: _____

Visitation Time: ☐ Immediately prior to service ☐ Immediately following service

☐ The day before the service (Time: _____) ☐ No Visitation

Will remains be present at Visitation? ☐ Yes ☐ No

☐ Coffin ☐ Urn with Photograph ☐ No Remains Present

Displays at Visitation: ☐ Photographic Displays ☐ Mementos (Awards, Certificates, Etc.)

☐ Bible of Deceased ☐ Other: _____

VI. FUNERAL SERVICE REQUEST:

Funeral Service Location and Time:

☐ Sanctuary ☐ Memorial Chapel ☐ Sisk Hall ☐ Columbarium ☐ Funeral Home

☐ Graveside ☐ Other Location _____

Time: _____



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Will Remains be Present at Worship Service? ☐ Yes (☐ Coffin ☐ Urn with Ashes) ☐ No

Display Items on or near Casket/Urn:

☐ Floral Spray ☐ Additional Flower Bouquets ☐ Bible ☐ Cross

☐ Other Symbol of Faith: _____

☐ Photograph ☐ Flag ☐ Other: _____

Readers: The Pastor will Read

Other Requested Readers: _____

Favorite Biblical Theme or Image: _____

Bible Readings: ☐ The Pastor Chooses Readings. ☐ Family to Choose Readings

☐ I have chosen the readings as indicated: _____

Preferred Bible Passages to be read: _____

(Please see Church Funeral/Memorial Service Policy and Guide for suggestions.)

VII. SECURITY REQUEST: ☐ Yes ☐ No

(Greenville Police Officer(3) - \$60 Per hour with a 3-hour minimum)

VIII. Live Streaming Request (3-Day lead time required) : ☐ Yes ☐ No

IX. CONGREGATIONAL SINGING:

Church Director of Music may choose the hymns/songs, or the Family may choose the hymns/songs Chosen hymns/songs are listed below:



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X. FAMILY CONTACTS:

1. Name and Relationship: _____

Telephone No. _____

E-Mail: _____

Contact Address: _____

2. Name and Relationship: _____

Telephone No. _____

E-Mail: _____

Contact Address: _____

3. Name and Relationship: _____

Telephone No. _____

E-Mail: _____

Contact Address: _____

4. Name and Relationship: _____

Telephone No. _____

E-Mail: _____

Contact Address: _____

ADDITONAL INFORMATION: _____

Acknowledgement of Receipt of Buncombe Street Methodist Church Funeral/Memorial Service Policy and Guide.

☐ I have received and read the Buncombe Street Methodist Church Funeral/Memorial Service Policy and Guide.