

**DESERT HERITAGE CHURCH
FUNERAL/MEMORIAL SERVICE PREFERENCE**

PERSONAL DATA

Full Name: _____ (Maiden Name) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (H) _____ (W) _____ (Cell) _____

Birthplace: _____ Date of Birth: _____

Occupation (or retired from) _____

Father's Name: _____

Mother's Name: _____

Religious Affiliation: _____

Immediate Notification (Name, Address, Telephone Number, and Relationship)

(1) _____

(2) _____

Service Preference

Place of Service: _____
(IF OTHER THAN DHC)

Officiating Clergy: _____

Suggested Scripture: _____
(Old Testament, New Testament, & Gospel)

Family Member Participation in Service (Readers, Acolytes, Assistants, Other)

Musical Selectons: _____

Organist/Musicians: _____
(NAME AND ADDRESS)

Vocalist: _____
(NAME AND ADDRESS)

Active Pallbearers: _____

Honorary Pallbearers: _____

Visitation: _____
(INDICATE REQUEST- SET HOURS, WAKE OR VIGIL SERVICE)

Memorial Tributes _____
(LIST MEMORIAL CONTRIBUTIONS DESIRED)

Flowers: _____
(TYPE, COLOR, FLORIST, AND SPECIAL USAGE)

Mortuary: _____

Instructions for clothing, jewelry, glasses, etc.): _____

Type of Disposition: _____
(BURIAL, ENTOMBMENT, OR CREMATION)

If Cremation, disposition of remains: _____

Name & Location of Cemetery: _____

Monument/Marker (Type & Inscription): _____

Organ Donation: _____

Other Wishes or Instructions: _____

(SIGNED)

(DATE)