

# Funeral and Memorial Services

## SERVICE PLANNING

Full name of deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of death/health history: \_\_\_\_\_

Mortuary: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Burial/Cremation? \_\_\_\_\_

Interment service location: \_\_\_\_\_ Time: \_\_\_\_\_

Date and time of funeral/memorial service: \_\_\_\_\_

Place of funeral/memorial service: \_\_\_\_\_

Chapel, Worship Center, Fireside Room or \_\_\_\_\_

Expected number of people at service: \_\_\_\_\_

Date of viewing: \_\_\_\_\_

Place of viewing: \_\_\_\_\_

Chapel, Orchard Room or \_\_\_\_\_



Reception: Yes or No      Expected number at reception: \_\_\_\_\_

Family member/primary contact: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Family member/secondary contact: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Family: To be acknowledged during the service.

Mom and Dad: \_\_\_\_\_

Children: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Other family members or friends: \_\_\_\_\_

Church Office

303.791.4100

Pastoral Care Department

303.325.8267

Web

[www.chcc.org/care](http://www.chcc.org/care)



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