



Funeral Questionnaire

Person Requesting the Funeral Service:

Name: _____

Cell Phone: _____ Email: _____

Address: _____

Do you attend Christian Assembly? Y _____ N _____

Information About the Deceased Loved One:

Name: _____

Birthdate or Age: _____ Cause of Death: _____

Faith: _____ Believed and received Jesus as their Lord and Savior

_____ Uncertain

_____ Not a believer

_____ Faith in a different religion or system of belief

Church: _____ regularly attended Christian Assembly

_____ occasionally attended Christian Assembly

_____ did not attend church

_____ attended another church: _____

Pre-arranged funeral, burial and/or cremation plans? _____

Special requests for funeral service: _____

Time and Location of the Funeral and Burial:

Preferred date of the service: _____

Location of the service: _____

Are you requesting the service to be held at Christian Assembly? _____

****Please understand that there is limited availability due to weekend services and mid-week events.***

Will there be a graveside service? _____ Location: _____

Is there a funeral director involved? _____

If so, please provide the name and contact information for that person:

Are you requesting a specific pastor to lead the funeral service and/or graveside service? _____

What service do you normally attend at Christian Assembly?

_____ Saturday 6pm _____ Sunday 9am _____ 11:15am (South)

_____ 11:15am (North) _____ Sunday 6pm Fusion

Is there anything else you would like us to know or anything else you would like to request?

