

FUNERAL INFORMATION FORM

If you have not already been in contact with the Sunnybrook office, you must do so by calling 712-276-5814 when submitting this form.

Name & age of the deceased: _____

Date of death: _____

Sunnybrook affiliation: _____

Nearest relative or primary contact person: _____

Phone number: _____

Type of service (check all that apply):

Funeral/Memorial Visitation Graveside

Location of funeral/memorial:

Sunnybrook Church Funeral Home Graveside

Preference of date & time of funeral/memorial service(s): _____

Name & address of funeral home: _____

Will Funeral Director participate in the service and visitation? yes no

If no, who will facilitate guest book, obituaries, seating and floral arrangements? _____

Anticipated number of attendees at funeral/memorial: _____

Burial: Casket Cremation

Location of Cemetery (if applicable): _____

Did deceased or do you have a scripture preference for the service? yes no

If yes, please list: _____

Service checklist:

Music: live recorded

If live, who is leading and what is needed? (instruments, stands, microphone) _____

Words for music on screen? (may add additional tech costs) yes no

Picture or video to be displayed? yes no

If yes, who will create the video? _____

Additional speakers at the service? If so, who?

Planned person(s) to speak? yes no

Opportunity for open microphone sharing? yes no

Reception/luncheon food options:

Food provided by the family? yes no

Catered in? yes no

