

South County Church  
**FUNERAL FORM**

Mailing Address: 9234 Lorton Valley Road, Lorton, VA 22079  
703/200-5170 ~ fax 703/690-7784 ~ cindy@southcountycares.org ~ www.southcountycares.org

**Personal Information**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

**Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Funeral Home**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Appointment for arrangements: Date \_\_\_\_\_ Time \_\_\_\_\_

Pastor to go with family: \_\_\_\_\_

Viewing: Date \_\_\_\_\_ Time \_\_\_\_\_

Working with \_\_\_\_\_

**Interment**

Name of Cemetery \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Pastors Attending \_\_\_\_\_

## Memorial Service

Date \_\_\_\_\_ Time \_\_\_\_\_ Church \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_ What time will body be at the church? \_\_\_\_\_

Heat AC Flowers yes no Bulletin - How many? \_\_\_\_\_ Picture

Sound \_\_\_\_\_ (DVD on when body arrived at church)

Sermon \_\_\_\_\_

Worship leader \_\_\_\_\_ Musician \_\_\_\_\_

Reading Scripture \_\_\_\_\_ Reading Eulogy \_\_\_\_\_

Tributes by \_\_\_\_\_

Special Song(s) \_\_\_\_\_ Who Singing \_\_\_\_\_

\_\_\_\_\_ Who Singing \_\_\_\_\_

Ushers Pallbearers - How many? \_\_\_\_\_

Will PowerPoint be needed? \_\_\_\_\_ yes \_\_\_\_\_ no Operator \_\_\_\_\_

*Please provide information for bulletin to Cindy at [cindy@southcountycare.org](mailto:cindy@southcountycare.org).*

## Meal

How many people? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Restaurant/Place \_\_\_\_\_ Phone \_\_\_\_\_

Coordinator \_\_\_\_\_