



ST. MATTHEW'S NEW LIFE UNITED METHODIST CHURCH  
SERVICES OF DEATH AND RESURRECTION  
**INFORMATION**

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DATE: \_\_\_\_\_.

THE DECEASED

Name of the Deceased: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Transition: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Place of Transition: \_\_\_\_\_  
Member of Church: \_\_\_\_\_

PROFESSIONAL SERVICES

Funeral Home

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

FUNERAL SERVICE INFORMATION

Funeral

Date of Funeral: \_\_\_\_\_  
Time of Family Hour: \_\_\_\_\_  
Time of Funeral: \_\_\_\_\_  
Location of Funeral: \_\_\_\_\_  
\_\_\_\_\_

Burial

Date of Burial: \_\_\_\_\_  
Time of Burial: \_\_\_\_\_  
Location of Burial: \_\_\_\_\_  
\_\_\_\_\_

Repast

Time of repast: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

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

CONTACT PERSON(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

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

CONTACT PERSON(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

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



ST. MATTHEWS NEW LIFE UNITED METHODIST CHURCH

## SERVICE OF DEATH AND RESURRECTION

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### FAMILY HOUR

Reflections (*2 minutes*)

Words of Comfort (*visiting clergy*)

Acknowledgements

Church Resolution

Reading of Obituary

### SERVICES OF DEATH AND RESURRECTION

Words of Grace

Opening Hymn

Prayer

Selection

Scripture (*Old Testament*)

Scripture (*New Testament*)

Selection

Sermon

Dismissal & Blessings

Closing Hymn