

CHECKLIST FOR PLANNING A CELEBRATION OF LIFE

HONOURING: DATE & TIME:

LOCATION:	HO	ST:
TYPE OF SERVICE		
☐ CELEBRATION OF LIFE ☐ BURIAL	■ MEMORIAL SERVICE■ FUNERAL	☐ CREMATION ☐ OTHER
FLOWERS/MEMORIALS		
☐ FLOWERS ☐ MEMORIALS	SEND TO:	
READERS & READINGS		
READER:		READING:
READER:		READING:
READER:		READING:
EULOGY AND OBITUARY R	FADERS:	
EULOGY READER:		OBITUARY READER:
MUSIC & MUSICIANS		
☐ PLAYLIST ☐ LIVE MUSIC		
ARTIST:		MUSIC:
ARTIST:		MUSIC:
ARTIST:		MUSIC:
PERSONALIZATION		DUOTO ALBUMA
☐ MEMORY BOARD	SLIDESHOW	☐ PROGRAM FOR SERVICE ☐ OTHER
☐ PLAYLIST OF SONGS	☐ VIDEO	☐ FRAMED PHOTOGRAPHS
LOCATION		
MAIN CONTACT PERSON:		EMAIL:
PHONE #:		
EVENT DETAILS		
☐ TIMING/AGENDA	AUDIO/VISUAL N	NEEDS: LINENS:
SEATING/ROOM LAYOUT	☐ DECOR:	OTHER:
FEAST PREPARATIONS		
MEAL:	BEVERAGES:	SPECIAL DIETARY NEEDS: