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**MEMORIAL PROGRAM OUTLINE**

**NAME OF DECEASED:**

**SUNRISE DATE** (DATE OF BIRTH):

**SUNSET DATE** (DATE OF DEATH):

**DATE AND TIME OF VIEWING & SERVICE:**

**LOCATION OF SERVICE** (NAME AND ADDRESS):

**INTERMENT (BURIAL) INFORMATION:**

**OFFICIANT**

**EULOGIST:**

**OBITUARY** (type or copy and paste here):

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| --- |
|  |

**ORDER OF SERVICE** (revise as necessary, list name of participants if known):

Processional

Prayer of Comfort

Hymn of Comfort

Reading of the Word

Old Testament:

New Testament:

Selection

Reflections

Acknowledgement of Condolences

Reading of the Obituary

Selection

Eulogy

Final Viewing

Committal

Benediction

**BACK OF PROGRAM** (Includes photo and/or poem):

Poem/Prayer (type or copy & paste):

Family Acknowledgement:

**SAVE AND UPLOAD THE COMPLETED FORM OR**

**EMAIL:** **ORDERS@LILIESOFTHEFIELD.DESIGN**

**CALL: (718) 924.2004 WITH ANY QUESTIONS**