

520 Smith Church Road  
 Roanoke Rapids, NC 27870  
 252-535-1228 (phone)  
 252-535-1344 (fax)



325 Nash Street  
 Rocky Mount, NC 27804  
 252-446-9696 (phone)  
 252-446-9697 (fax)

*\*Please use blue or black ink when completing this form*

<b>Name of Deceased:</b> <b>Number of Programs:</b>	<b>Date of Birth:</b> <b>Date of Death:</b>																											
<b>(✓) Select Preface:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input type="checkbox"/></td><td>Sunrise/Sunset</td></tr> <tr><td><input type="checkbox"/></td><td>Alpha/Omega</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	Sunrise/Sunset	<input type="checkbox"/>	Alpha/Omega	<input type="checkbox"/>	Other	<b>(✓) Select Paper Size:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input type="checkbox"/></td><td style="width: 35%;">8 1/2 x 11</td><td style="width: 60%;">Bifold</td></tr> <tr><td><input type="checkbox"/></td><td>11 x 17</td><td>Bifold</td></tr> <tr><td><input type="checkbox"/></td><td>8 1/2 x 11</td><td>Trifold</td></tr> <tr><td><input type="checkbox"/></td><td>8 1/2 x 14</td><td>Trifold</td></tr> <tr><td><input type="checkbox"/></td><td>11 x 17</td><td>Trifold</td></tr> <tr><td><input type="checkbox"/></td><td>8 1/2 x 11</td><td>Tier Fold <i>(requires 3 days)</i></td></tr> <tr><td><input type="checkbox"/></td><td>8 1/2 x 11</td><td>Booklet <i>(requires 3 days)</i></td></tr> </table>	<input type="checkbox"/>	8 1/2 x 11	Bifold	<input type="checkbox"/>	11 x 17	Bifold	<input type="checkbox"/>	8 1/2 x 11	Trifold	<input type="checkbox"/>	8 1/2 x 14	Trifold	<input type="checkbox"/>	11 x 17	Trifold	<input type="checkbox"/>	8 1/2 x 11	Tier Fold <i>(requires 3 days)</i>	<input type="checkbox"/>	8 1/2 x 11	Booklet <i>(requires 3 days)</i>
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<b>(✓) Select a Heading:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input type="checkbox"/></td><td>Home Going Service</td></tr> <tr><td><input type="checkbox"/></td><td>Celebration of Life</td></tr> <tr><td><input type="checkbox"/></td><td>In Loving Memory</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	Home Going Service	<input type="checkbox"/>	Celebration of Life	<input type="checkbox"/>	In Loving Memory	<input type="checkbox"/>	Other	<b>(✓) Select a Cover Color:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input type="checkbox"/></td><td>Double Side Color</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	Double Side Color	<input type="checkbox"/>																
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<p><i>To avoid late fees, program material must be received at least          48 hours in advance          Less than 48 hours: \$60.00          Less than 24 hours: \$80.00</i></p>																												
<b>Service Details:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>Service Date:</b></td><td></td></tr> <tr><td><b>Service Time:</b></td><td></td></tr> <tr><td><b>Service Location:</b></td><td></td></tr> <tr><td><b>Address:</b></td><td></td></tr> </table>	<b>Service Date:</b>		<b>Service Time:</b>		<b>Service Location:</b>		<b>Address:</b>		<b>(✓) Select a Paper Color:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input type="checkbox"/></td><td>White</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	White	<input type="checkbox"/>																
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<b>Pastor:</b>	
<b>Officiating:</b>	
<b>Eulogizing:</b>	
<b>Funeral Director</b>	
<b>Family Contact for Programs:</b>	
<b>Family Contact Phone #:</b>	
<b>Family Contact Email:</b>	

- Permission to make changes
- Type exactly as is



This 'Order of Service' form has been arranged to assist you in the planning of your loved one's celebration of life. Please specify the person/persons designated on the form below. You may also choose to use your own outline of service as coordinated with the church and/or family.

\*Please check with the church for the rules

\_\_\_ Final Viewing in the Beginning      OR      \_\_\_ Final Viewing at the End of the Eulogy

### ORDER OF SERVICE

Musical Prelude \_\_\_\_\_

Family Processional \_\_\_\_\_

Hymn or Solo (Circle One) \_\_\_\_\_

Scripture Readings: Old Testament \_\_\_\_\_

New Testament \_\_\_\_\_

Prayer of Consolation \_\_\_\_\_

Hymn or Solo (Circle One) \_\_\_\_\_

Remarks (If possible, designate a person(s)) \_\_\_\_\_

Acknowledgements and Obituary \_\_\_\_\_

Hymn or Solo (Circle one) \_\_\_\_\_

Words of Comfort or Eulogy (Circle One) \_\_\_\_\_

Hymn or Solo (Circle one) \_\_\_\_\_

Funeral Director in Charge

Recessional

The Interment \_\_\_\_\_

Name of Cemetery







**Pall Bearers**

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<hr/>	<hr/>
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**Floral Bearers**

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**Acknowledgements**

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**Special Thanks**

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