

# WALK OF FAITH CHRISTIAN CENTER--MEMORIAL SERVICE

## Member's Guidebook for Memorial Arrangements

Who to Contact Upon the Death of a Loved One:

1. Church: Walk Of Faith Christian Center's office hours are (Sunday--Saturday 8:00 AM--5:00 PM) (614) 252-7145  
Walk of Faith Christian Center's emergency telephone number (after office hours) is (614) 203-3282.

2. The Mortuary  
**(Do not select a date and time prior to contacting the church office)**

3. Cemetery

4. Relatives and Friends

5. Insurance Company

**The Church Office will assist you with the following:**

1. Confirming the date and time of the service
2. Requesting the Officiating Minister
3. Planning the order of service
4. Arranging for the music and musicians (2 selections)
5. Reviewing the program including the obituary and remarks

**ALL MATERIAL USED FOR SERVICES HELD AT WALK OF FAITH CHRISTIAN CENTER, PROGRAMS, HANDOUTS, WRITTEN MATERIALS, (COMMENTS) MUST BE APPROVED BY THE OFFICIATING MINISTER BEFORE BEING SENT TO THE NEWSPAPER AND FAMILY**

Persons for whom, the Church will render Services at Walk of Faith Christian Center:

Members and their immediate family (i.e. husband, wife, mother, father, son, daughter) who have confessed Christ as their personal Savior and Lord and have a Church home.

**NOTE: The Church will provide a minister to officiate for any other family members, be they Christians or non-Christians, away from the Church at a mortuary, graveside or other churches).**

Services the Church will provide for Members and Their Immediate Family:

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1. Officiating Minister
2. Musician and Soloist
3. Ushers (when services are at the Church)
4. Bereavement Committee (prepares food for twenty-five family members)

**THERE IS NO FEE CHARGED FOR ANY SERVICES PERFORMED BY THE WALK OF FAITH CHRISTIAN CENTER STAFF**

Obituary Normally Includes:

1. Name of Deceased
2. Date of Birth or Age of Deceased
3. Important Educational details
4. When the Deceased received Jesus as his or her personal Savior and Lord
5. Church Involvement
6. What he or she contributed to society
7. Military Service record Military Decorations, Awards, etc.
8. Membership in professional associations
9. Names of Survivors and their relationships

## MEMBER'S GUIDEBOOK FOR MEMORIAL ARRANGEMENTS CONTINUED

**Information the Church Office Will Need:**

**Name of Deceased:**

**Age:** \_\_\_\_\_ **Cause of Death:** \_\_\_\_\_

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

**Name of person making the arrangement:**

**Relationship to Deceased:**

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

**Telephone Number:** \_\_\_\_\_

**Specific Minister requested to officiate:** \_\_\_\_\_

**Will the service be at Walk Of faith Christian Center? \_\_\_\_\_**

**If not, location where service will be held: \_\_\_\_\_**

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

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**Address:**

**Telephone Number:**

**Mortuary handling the service:**

**Address:**

**Telephone Number:**

**Cemetery:**

**Address:**

**Telephone Number:**

**Desired Date of Service** \_\_\_\_\_ **Desired Time** \_\_\_\_\_

**Additional Notes:**

**MEMBER'S GUIDEBOOK FOR MEMORIAL ARRANGEMENTS CONTINUE**

**Suggested Order of Service:**

**VIEWING (OPTIONAL--CAN BE AT THE BEGINNING OR CLOSING)**

**PROCESSIONAL** \_\_\_\_\_

**SCRIPTURES** \_\_\_\_\_

**PRAYER** \_\_\_\_\_

**SONG** \_\_\_\_\_

**ACKNOWLEDGEMENTS** \_\_\_\_\_

**OBITUARY (SILENT OR READ)** \_\_\_\_\_

**REMARKS (OPTIONAL)** \_\_\_\_\_

**EULOGY (OFFICIATING MINISTER)** \_\_\_\_\_

**PARTING VIEWING (OPTIONAL--IF NOT AT THE BEGINNING)** \_\_\_\_\_

**RECESSIONAL** \_\_\_\_\_

**INTERMENT (CEMETERY))** \_\_\_\_\_

**THE OFFICIATING MINISTER IS AVAILABLE TO ASSIST THESE AREAS UPON REQUEST**

**PALLBEARERS (six): HONORARY PALLBEARERS**

1. \_\_\_\_\_

2. \_\_\_\_\_

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3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_