



Ultimate Funeral Planning Guide

**Your complete step-by-step
companion during a difficult time**

**We are here to guide you through
every step with clarity and care.**



**Your One-Stop Funeral info
at the Tip of Your Finger**

Deceased Details

(Complete the information below as accurately as possible)

Full Names:	
ID Number:	
Date Of Birth:	
Date Of Death:	
Time Of Death:	
Place Of Death:	
Type Of Death:	<input type="checkbox"/> Natural <input type="checkbox"/> Unnaturall
Marital Status:	
Occupation:	

Next of Kin



Name:	
Relationship:	
Contact Details:	

SPECIAL NOTES:



Service Details

(Complete the information below to assist with planning and coordination)

Co-ordinator:			
Service Date:			
Service Time:			
Place Of Service:			
Service Address:			
Type Of Service:	<input type="checkbox"/> Religious <input type="checkbox"/> Non-Religious <input type="checkbox"/> Cultural		
	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Memorial <input type="checkbox"/> Celebration of Life <input type="checkbox"/> Private Home Service		
Funeral Director:			
Contact Name:			Tel:
Coffin or Casket:	<input type="checkbox"/> COFFIN		<input type="checkbox"/> CASKET
			
Type:	<input type="checkbox"/> Standard <input type="checkbox"/> Luxury <input type="checkbox"/> Personalized		
Specifications:			
Coffin Present At Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> Open	Placement:
	<input type="checkbox"/> No	<input type="checkbox"/> Closed	
Viewing / Wake:	<input type="checkbox"/> Yes	Date:	Where:
	<input type="checkbox"/> No	Time:	
Deceased Special Clothing:			
Hearse Requirements :	<input type="checkbox"/> Classic	<input type="checkbox"/> Elegant	
	<input type="checkbox"/> Standard	<input type="checkbox"/> Other	

SPECIAL INSTRUCTIONS:



Service Planning

(Complete the information below as accurately as possible)

Pre-Service Music:	
After Service Music:	
Scripture Reading:	
Hymns / Songs:	Verses:
	Verses:
	Verses:
	Verses:
Eulogy By:	
Tribute By:	
Speaker:	
Appreciation Speaker:	
Pallbearers Set 1:	Relation:
(1)	Relation:
(2)	Relation:
(3)	Relation:
(4)	Relation:
(5)	Relation:
(6)	Relation:

SPECIAL NOTES:



Service Planning

(Complete the information below as accurately as possible)

**Pallbearers
Set 2:**

(1)

Relation:

(2)

Relation:

(3)

Relation:

(4)

Relation:

(5)

Relation:

(6)

Relation:

**Pallbearers
Set 3:**

(1)

Relation:

(2)

Relation:

(3)

Relation:

(4)

Relation:

(5)

Relation:

(6)

Relation:

Other:

SPECIAL NOTES:



Cremation Details

(Complete the information below as accurately as possible)

Crematorium Name:	
Crematorium Address:	
Attending Cremation:	<input type="checkbox"/> Yes <input type="checkbox"/> No Cremation Date:
Ash Handling:	<input type="checkbox"/> Keep <input type="checkbox"/> Other Location:
	<input type="checkbox"/> Urn Wall Number: Location:
	<input type="checkbox"/> Scatter Location:
	Date: _____ Time: _____
Who To Attend:	
Ashes Received:	Date: _____ Collected By: _____

SPECIAL NOTES:



Celebration of Life Details

(Complete the information below as accurately as possible)

Venue Name:

Venue Address:

Theme / Style:

Dress Code:

Service Held:

- Indoor**
- Outdoor**

Specifications:

Seating Arrangements:

Other:

SPECIAL NOTES:



The Service Contact Information

(Complete the information below as accurately as possible)

Officiant (Pastor/ Priest/Minister):		Tel:
Organist:		Tel:
Photographer:		Tel:
Videographer:		Tel:
Live Streaming:		Tel:
Sound For Service:		Tel:
Florist Name:		Tel:
Caterer Name:		Tel:
Transport Provider:		Tel:
Programs Design:		Tel:
Printing Done By:		Tel:
Slideshow:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Framed Photo / Canvas:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specifications:
Social Media / Obituary:	<input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> X/Twitter <input type="checkbox"/> Other	

SPECIAL NOTES:



Flowers & Decor

(Complete the information below as accurately as possible)

Specifications:	TYPE:	COLOUR:	QTY:
Coffin:			
Service Venue:			
Loose Flowers:			
Petals:			
Candles:			
Drape Material:			

Memorial & Keepsakes

Guestbook:	
Memory Cards:	
Special Tribute:	<input type="checkbox"/> Dove Release <input type="checkbox"/> Message Helium Balloons <input type="checkbox"/> Butterfly Release <input type="checkbox"/> Mass Candle Lighting
Framed Photo / Canvas:	Details:
Social Media / Obituary:	<input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> X/Twitter <input type="checkbox"/> Other

SPECIAL NOTES:



Hire Service

(Complete the information below as accurately as possible)

Specifications:	TYPE:	DESCRIPTION:	QTY:
Family Vehicle:	<input type="checkbox"/> SUV <input type="checkbox"/> Limousine <input type="checkbox"/> Luxury Sedan Specify:		
Extended Family:	<input type="checkbox"/> SUV <input type="checkbox"/> Shuttle Minibus <input type="checkbox"/> Bus <input type="checkbox"/> Other		
Special Hearse:	<input type="checkbox"/> Glass <input type="checkbox"/> Bakkie <input type="checkbox"/> SUV <input type="checkbox"/> Hearse <input type="checkbox"/> Bike Trailer <input type="checkbox"/> Horse Carriage		
Special Escorts:	<input type="checkbox"/> Police <input type="checkbox"/> EMS <input type="checkbox"/> Motorbikes <input type="checkbox"/> Other		
Special Sounds:	<input type="checkbox"/> Singer <input type="checkbox"/> Band <input type="checkbox"/> Harpist <input type="checkbox"/> Guitarist <input type="checkbox"/> Pianist <input type="checkbox"/> Saxophonist <input type="checkbox"/> String Quartet <input type="checkbox"/> Irish Pipes <input type="checkbox"/> Scottish Pipes <input type="checkbox"/> Other		

SPECIAL NOTES:



Hire Service

(Complete the information below as accurately as possible)

Specifications:	TYPE:	DESCRIPTION:	QTY:
Tables:	<input type="checkbox"/> Round <input type="checkbox"/> Other <input type="checkbox"/> Square <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other		
Chairs:	<input type="checkbox"/> SUV <input type="checkbox"/> Shuttle Minibus <input type="checkbox"/> Bus <input type="checkbox"/> Other		
Tents:	<input type="checkbox"/> Marquees <input type="checkbox"/> Other <input type="checkbox"/> Army <input type="checkbox"/> Stretch <input type="checkbox"/> Gazebos		
Glassware:	<input type="checkbox"/> Juice Glass <input type="checkbox"/> Beer Glass <input type="checkbox"/> Juice Jug <input type="checkbox"/> Serving Bowls <input type="checkbox"/> Candle Holder <input type="checkbox"/> Salt & Pepper Holder		
Crockery:	<input type="checkbox"/> Soup Bowl <input type="checkbox"/> Cups <input type="checkbox"/> Salad Bowl <input type="checkbox"/> Saucers <input type="checkbox"/> Serve Bowl <input type="checkbox"/> Mugs <input type="checkbox"/> Side Plates <input type="checkbox"/> Plates		
Cutlery:	<input type="checkbox"/> Knives <input type="checkbox"/> Forks <input type="checkbox"/> Teaspoons <input type="checkbox"/> Serve Spoon <input type="checkbox"/> Other		
Linen:	<input type="checkbox"/> Tablecloths <input type="checkbox"/> Overlays <input type="checkbox"/> Serviettes		

SPECIAL NOTES:



Catering Service

(Complete the information below as accurately as possible)

After Service Venue Name:		
Venue Address:		
Expected Guests:		
Time Schedule:	Start Time:	End Time:
Waiters Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: :
Cleaners Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Specifications:	TYPE:	DESCRIPTION:
Food:	<input type="checkbox"/> Sweet Platters <input type="checkbox"/> Savoury Platters <input type="checkbox"/> Plated Meal <input type="checkbox"/> Buffet	
Drinks:	<input type="checkbox"/> Water <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Cuppuccino <input type="checkbox"/> Juice <input type="checkbox"/> Other	
Background Music:	<input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Other:		

SPECIAL NOTES:



Important Documents To Keep Together

(Complete the information below as accurately as possible)

DOCUMENT NAME	HAVE THE ORIGINAL	CERTIFIED COPIES	REMARKS
Deceased ID:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BI1663:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marriage Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Next of Kin ID:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Divorce Order:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Burial Order:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cremation Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL NOTES:



Policy Control Sheet

(Complete the information below as accurately as possible)

INSTITUTION NAME	POLICY TYPE	POLICY VALID	POLICY VALUE (R)	BENEFICIARY
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Funeral <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL VALUE LIFE POLICIES			R	
TOTAL VALUE FUNERAL POLICIES			R	

SPECIAL NOTES:



Service Expense Control Sheet

(Complete the information below as accurately as possible)

INSTITUTION NAME	AMOUNT DUE(R)	PAID	PAID BY	REMARKS
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL EXPENSE VALUE			R	

SPECIAL NOTES:



Tips & Guidelines

- 1) Create a WhatsApp Group to communicate arrangements regarding the service, to all attendees at once.
- 2) Create a Special Organising Team WhatsApp Group, that way everyone stays up to date.
- 3) Do Not attempt to handle all the arrangements by yourself, ask for help, you are also grieving.
- 4) Take care of Yourself and take some time out and rest.
- 5) Keep all documentation together in one file for easy access.
- 6) It may feel overwhelming, but taking it step-by-step will help you stay in control.

***You are not alone.
TRIOS is here to guide you
through every step —
with clarity, care, and compassion.***

SPECIAL NOTES:



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