



Service Notes

Director/Counselor's Name: _____

Email: _____

Visitation Info:

Date _____ Time _____ Location _____

Notes:

Service Info:

Date _____ Time _____ Location _____

Notes:

Due Dates:

- ☐ Payment In Full: _____
- ☐ Church/Temple Payment: by Family ☐ **OR** by Saddleback ☐ Amount: _____
- ☐ Clergy Payment: by Family ☐ **OR** by Saddleback ☐ Amount: _____
- ☐ Clothing and Cosmetics Photo: _____
- ☐ Email Obituary (if necessary): _____
- ☐ Memorial Print Information: _____
- ☐ Audio/Visual Equipment Test: _____
- ☐ 3rd Party Flower Delivery: _____
- ☐ Pallbearers: (6-8): Yes ☐ No ☐

Notes (Examples: "Order food. Hire musicians. Gather memorabilia. Request bereavement letters.")

