

Remembrance Event

1. Seeking Assistance in Planning

List friends and family members who can assist in planning the remembrance event:

1) Name: _____ Contact: _____

How they will help: _____

2) Name: _____ Contact: _____

How they will help: _____

3) Name: _____ Contact: _____

How they will help: _____

4) Name: _____ Contact: _____

How they will help: _____

5) Name: _____ Contact: _____

How they will help: _____

6) Name: _____ Contact: _____

How they will help: _____

Do you want to hire an event planner? Yes No

Name of event planner: _____

Contact information: _____

BUDGET

Do you have an event budget? Yes No

Fill out any cost estimates that apply:

Event Planner Cost: _____

Venue Cost: _____

Food Cost: _____

Activities Cost: _____

Remembrance Event (continued)

Decorations Cost: _____

Invitations Cost: _____

Celebrant/Officiant Cost: _____

Home Funeral Consultant Cost: _____

Keepsakes or Memento Cost: _____

Scattering Cost: _____

Graveside Service Cost: _____

Transportation Cost: _____

Additional Costs: _____

Total Event Costs: _____

2. Types of Services and Remembrance Events

TYPE OF EVENT(S) I WISH TO HAVE: (check all that apply)

Memorial Service or Life Celebration

Describe what type of memorial service or life celebration you would like: _____

Ash Scattering

Where do you want to scatter the ashes?: _____

What kind of vessel(s) do you want to scatter from?: _____

List who you would like to scatter the ashes:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Remembrance Event (continued)

If you have opted for a scattering service: list the name of the company, where you wish them to scatter, and if you would like to hold a ceremony in tandem with the scattering: _____

Home Funeral

Do you want to hire a home funeral consultant? Yes No

Name of home funeral consultant: _____

Contact information: _____

List the space where you would like to keep the person who passed: _____

List what clothes that you would like to dress them in: _____

List any personal items, fabrics, or accessories that you would like to lay with the person: _____

Graveside Service

Where do you plan on burying the person?: _____

Have you purchased a shroud, casket, or simple container? Yes No

If not, what would you like to purchase?: _____
—

List the names of people who can act as pallbearers:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Remembrance Event (continued)

Wake

Location of the wake: _____

Are there any special considerations?: _____

Other type of event (specify): _____

3. Memorial Donations

Do you want to ask guests to make a memorial donation? Yes No

If yes, what cause(s) would you like to request they donate to?: _____

4. Event Invitations

Create a list of guests to invite along with their email and/or mailing addresses

INFORMATION TO INCLUDE ON THE INVITATIONS

Name of person who passed: _____

Date, time, and place of death: _____

Date, time, and location of ceremony: _____

Type of ceremony: _____

Gift or item I wish for guests to bring: _____

Food and refreshments (if applicable): _____

Reasons for the ceremony (if applicable): _____

RSVP phone number or email address: _____

Request for flowers and/or charity donations: _____

Photo, illustration, poem, quote, lyric, etc.: _____

Remembrance Event (continued)

INVITATIONS CHECKLIST

Do you want to mail physical invitations? Yes No

Company to purchase from: _____

Invitations purchased / Quantity: _____

Postage stamps purchased / Quantity: _____

Do you want to email online invitations? Yes No

Company / Website to purchase from: _____

Invitations purchased / Quantity: _____

5. Location Options and Considerations

List the possible locations for your event: _____

Does your desired location require a reservation? Yes No

Reservation made (if applicable)

How many people do you expect to attend?: _____

List any religion or spiritual themes that are important to you: _____

Do you need to hire a car or transportation service? Yes No

Name of transportation service: _____

Contact information: _____

Is your chosen location or venue:

Easily accessible by car or public transit? Yes No

Equipped with adequate parking? Yes No

Handicap accessible? Yes No

Remembrance Event (continued)

Do you want to serve alcohol at the event? Yes No

Will children need special caretaking? Yes No

Is all or part of your event going to be outdoors? Yes No

If yes, is there a contingency plan in the event of poor weather?: _____

Are there any additional considerations?: _____

6. Other Details to Consider

Do you want an officiant at the event?

Name of officiant of celebrant: _____

Contact information: _____

Do you want music at the event? Yes No

Type(s) of music and/or special songs: _____

Do you want to hire musicians or a DJ? Yes No

Name: _____ **Contact:** _____

Name: _____ **Contact:** _____

Name: _____ **Contact:** _____

Do you want friends or family to perform music at the ceremony? Yes No

Names of friends/family who can perform: _____

Do you want to provide food at the event? Yes No

Do you want family and friends to bring food? Yes No

Remembrance Event (continued)

Do you want to cater the event? Yes No

Name of caterer: _____

Contact information: _____

What kind of food do you want served at the event?: _____

Are there any special health considerations for the food?: _____

Do you want to hire a photographer or videographer? Yes No

Name of photographer: _____

Contact information: _____

Do you want to arrange a webcast of the event? Yes No

7. Personalizing the Event

List possible activities for your event: _____

List any decorations you would like to include: _____

Do you want to give out keepsakes or mementoes to guests? Yes No

List what you would like to give to guests: _____

We hope this checklist has been helpful in addressing your after-death planning and healing needs. For more information on any other topics, consult our After Death Planning Guide on our website, or call us at (415) 431-3717, from 9:00AM-5:00PM PST or email: WeCare@SevenPonds.com.