FUNERAL PLANNING SHEET

Full Name (First, Middle, Last):	
Spouse:	
Date of Birth:	
Home Address:	
Telephone Number(s):	
Date & Location of Baptism:	
Date & Location of Confirmation:	
Confirmation Verse (If known):	
Scripture Readings for funeral (Psalm, OT, NT, Gospel):	
(See "Suggested Scripture Readings" sheet; or, you may have the pastor cl	hoose these for you.)
Hymns	
(See "Suggested Hymns" sheet; or, you may have the pastor choose thes songs are appropriate for a Christian service; we make exclusive use of When choosing hymns it is helpful to ask this question – "how does this hyp	f hymns found in our Lutheran Hymnals.
Funeral Home (Name & Phone):	
Place of Funeral Service:(Member's funeral service should take place at the church when possible.)	
Cemetery (Name/Location & Plot #):	
Pallbearers:	



If funeral is conducted at the church, I understand that a funeral pall will cover the casket or the urn _____

Organist (Name & Phone):
Organist (Name & Phone):
Rings, glasses, hearing aids, etc., are to be removed: (yes or no). If removed these items should be given to:
Items that I desired to have buried with me:
I would like to be dressed for burial as follows:
I desire the following to be printed on my headstone:
Other instructions regarding my Funeral
(Please discuss these with your pastor in order to avoid anything which would not be consistent with a Christian worship service)
Signature & Date Submitted:
Pastor:
Date Entered in Church Records:

