

FUNERAL INFORMATION



Name

First name Middle Last

Date of Birth _____ Place _____

Date of Death _____ Place _____

Primary Contact Person

First name Last

Address

City State Zip

Area Code Land phone number

Area Code Cell phone number

Email address

___ **Funeral Service** (___ Body or ___ Ashes will be present)
or
___ **Memorial Service**

Date of service

Place of service

Time of service

Usher/s (welcome and seat people, distribute bulletins)

Acolyte/s (light and extinguish altar candles, can be same as ushers)

Favorite Bible Verses _____

Writing the Eulogy (biography and tribute) _____

Reading the Eulogy at the service _____

Others _____

Church Organist Yes No

Special Music _____

Special Musicians _____

Hymns _____

Reception after the Service Yes No

At the church? Yes No (location: _____)

Invitation in the bulletin? Yes No

Internment
 Body
 Ashes

Number of Printed Programs for

_____ **Funeral/Memorial Service** _____ **Internment Service**

Pews reserved for family? Yes No **How many?** _____

Photo for Program? Yes No

Multi-media? Yes No

Open church for flower delivery: _____

Special Notes

Please return to Faith Lutheran Church or fax to 909 599-3324 or email to dberkedal@faithsd.net