

FUNERAL INFORMATION
[Please complete and return to Pastor]

Date _____

Name _____

Address _____

Phone # _____ Birth Date _____

NEXT OF KIN OR PERSON MAKING YOUR FUNERAL ARRANGEMENTS:

_____ RELATIONSHIP _____

Address _____

Phone No. _____

Funeral Director _____

1) Where would you like your funeral service to be held?

____ Faith Evangelical Lutheran Church, Whitehall

____ The Funeral Home

2) My preference(s) for scripture or a reading are: _____

3) I would like the following hymns used at my funeral service: _____

4) In lieu of flowers I would prefer monetary gifts be made in my memory to:

____ Faith Endowment Fund ____ Faith Memorial Fund

____ The Rev. Robert L. George Scholarship Fund

____ Other (Please be specific) _____

5) Do you want a public viewing and/or calling time? ____ Yes ____ No

If yes, where would you like your public viewing to be held?

____ At the funeral home the evening before the service?

____ At the funeral home just prior to the funeral service?

____ At church prior to the funeral service.

____ Other (Please be specific)

6) As a member of a society I would like to have the following ritual:

____ Social Society ____ Military Society ____ Fraternal Society

7) My choice is to have: ____ A traditional burial ____ To be cremated

8) Other instructions and/or remarks: [Please use additional paper if needed.]