## **FUNERAL PLANNING**

Date of death	Service date
Individual's full name	
Home address	
Spouse name	Preceded in death $\Box$
Children names	
	<del>_</del>
Phone	
Birthplace	
	Service
Funeral home	
Flowers being delivered to the church	□No Viewing sanctuary □Yes □No Memorial Service □ CD in Narthex □Yes □No
Lesson	Reader
Lesson	Reader
Lesson	Reader
Hymns	
Pall Bearers	
Memorials: □ Redeemer Lutheran Church □   Graveside Service □Yes □No	Memorial Fund □ Other Agencies □ Special Purpose Military Honors at graveside □Yes □No
<b>-</b>	lospitality
Funeral Dinner □Yes □No Number ex	pected
Full Dinner □ Finger Foods □	
Allergies/Other food needs	
	For Office Use

Reflections

Record Book

Bulletin