

FUNERAL PLANNING
St. John's Lutheran Church

Name _____

Address _____ Phone # _____

Key contact person for funeral planning:

_____ Phone # _____

I would like a Funeral/Memorial Service in the:

____ Chapel ____ Sanctuary ____ Funeral Home _____

Place of interment:

____ St. John's Columbarium\Memorial Garden
____ Cemetery _____

Scripture Readings:

Comment:

Text: _____

Text: _____

Text: _____

Hymn Title:

Comment:

Flowers: _____

Memorials to:

St. John's (indicate any specific fund designation) _____

Other _____

Special Remembrances in my church life: (i.e. Sunday School teachers, special events, etc.)

*A brief biographical sketch would be helpful. Please attach.
Use reverse side for any additional comments/instructions.*