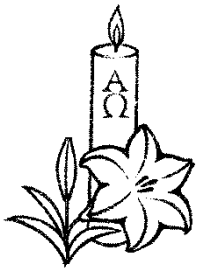
Grace Lutheran Church
Funeral Planning Worksheet



Name: _____
First Middle Last

Funeral Home desired: _____

Location of Funeral/ Memorial Service: ◯ **Grace** ◯ **Other:** _____

Interment to be held at: _____

Service to include Holy Communion: ◯ **Yes** ◯ **No**

Suggested scripture readings:

First reading: _____

Second reading: _____

Gospel reading: _____

Members or family to be asked to assist in scripture readings or other: _____

_____

Hymns to be sung by the congregation: _____

_____

_____

Suggested solos, anthems or other music: _____

_____

Soloist or Special Musician(s): _____

Fellowship/ Lunch to follow after the service: ◯ **Yes** ◯ **No**

◯ **at Grace** ◯ **other:** _____

Grace Lutheran Church can provide a luncheon following the funeral. Family will be asked to provide an anticipated number of people for the luncheon team to prepare for the meal.

Currently the family is asked to pay $5 per person based on the anticipated number of people to cover the luncheon expenses. Or, $3.00 per person for a dessert and coffee reception if that is desired instead of a lunch meal.

Address: _____
Street Address Apt. no.

_____
City State Zip Code

Date of Birth: _____ **Place of Birth:** _____

Baptized? ◯ **Yes** ◯ **No** **Baptismal Date:** _____

Marital Status: ◯ **Single** ◯ **Married** ◯ **Widowed** ◯ **Divorced**

Date of Marriage: _____ **Name of Spouse:** _____

Names and Locations of Children:

Name	Address	Phone No.

Names and Locations of Brothers, Sisters or other Family Members:

Name/Relationship	Address	Phone No.

Memorials to be given to: _____

_____

Planned Giving:

I have included Grace Lutheran Church in my will: ◯ Yes ◯ No

I have planned another type of deferred gift: ◯ Yes ◯ No
Please list: life insurance, gift-annuity, charitable trust, etc.: _____
_____

Grace Lutheran Church is included in my estate plan: ◯ Yes ◯ No

Additional Details, Stories, Notes: _____

_____

_____

_____