Funeral Planning Worksheet

Personal Information

Name: First, Middle, Last

Birthday: mo/day/year

Address Street

 City State Zip

Phone: Home Cell Work

I understand that the information and instructions provided here are for the guidance of my congregation, my family, and my friends for making arrangements necessary at the time of my death. Although this information is being left for safekeeping, it is not legally binding or enforceable. I understand that this worksheet does not make the congregation or my family obliged or responsible for the execution of these instructions. Although I understand they will do their best to comply with my wishes.

Signature Date

Confessing Christ with my funeral

 Jesus says, “Everyone, who acknowledges Me before men, I will also acknowledge before My Father who is in heaven” (Matthew 10:32). The Christian delights in confessing the saving name of Jesus before all the world, because it is through the Lord Jesus’ death on the cross that we have life and hope and peace. Because of Jesus’ death for us, when our last hour comes, we will pass from death to life. Our funeral service is a worship service of the Holy Trinity, who brought us from death to life by the death of Jesus who has now delivered us from the veil of tears to Himself in Heaven. In thanks to God for his gift of eternal life, in planning our funeral we have one final opportunity to make good the confession of our Lord Jesus to men.

What I want my funeral service to confess

Scriptures to Confess

Psalm Why?

Old Testament Why?

Epistle Why?

Gospel Why?

Hymns to confess

Name Why?

Additional Information

I have a will. Location:

Funeral Home: (preferred company, contact person, contact phone number)

Prearrangements made for the funeral that is pertinent for the flowing of the serving or for your family to be aware of: (Casket, flowers, attire, jewelry, etc.) - **including flowers for the altar**

Prearrangements made for the burial: (cemetery, plot, tombstone)

Church: (name, location, phone)

Church arrangements: (Flowers, flag, viewing, etc.)

Meal Information (Special Requests):

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Pallbearers (including contact information for family)

If Memorial Gifts are received where would you like to be given and for what purpose:

Any other additional thoughts or important information for the family or the church:

Personal History and Information

Birth Location:

Baptism Date and location (church):

Confirmation Dates:

 Verse:

Church Membership:

**Marriage and Family**

Spouse:

Anniversary:

**Children**

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Grandchildren, great-grandchildren, brothers, sisters, parents

Work, Organizations, Hobbies, Major Life Events, and other interests

(years worked, retirement trips, accomplishments, etc.)

Any other information, please provide in the space below.

Please return to Pastor at Salem Lutheran Church

 1360 E. LaSalle Ave.

 Barron, WI 54812

\*Note: All information will be kept confidential, until it needs to be revealed or discussed with family. Please make sure you discuss this information with your family and provide a copy of this form as well. You might also want to provide the funeral home with a copy of this information as well.