

Good Shepherd Lutheran Church

Funeral Information Form

Personal Information

Full Formal Name of Deceased:

First _____ Middle _____

Last _____

Preferred Name: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

Names of Immediate Family:

Spouse _____

Parents (if alive) _____

Children _____

Service Information

Date/Time of Funeral Service: _____ / _____

Place of Funeral (Church or Funeral Home): _____

Place of Internment: _____

Funeral Home: _____

Visitation Dates & Time(s): _____

Pallbearers: _____

Church Requests

Organist/Musician: _____

Soloist: _____

Luncheon at Church (circle one)? Yes No

Number of People Predicted to Attend Lunch: _____

Personal Notes: _____

Primary Contact

Name: _____ Relation: _____

Phone: _____ Email: _____