

Grace Lutheran Church and School Funeral Arrangements Form

Deceased Information

First Name

Middle Name

Last Name

Date of Birth

Date of Death

City, State where born

Home church of deceased

City, State of home church

Will the body be present for the service? if so, will it be in a casket? or cremated in an urn?

Date desired for Service? ____/____/____ Time desired? _____ Soloist? Light reception?

Favorite hymns of the deceased and family from the Lutheran Service Book
(other hymns or songs need to be approved by the pastor.)

Name of hymn

LSB number

Name of hymn

LSB number

Name of hymn

LSB number

Name of hymn

LSB number

Favorite Bible passages of the deceased and family (taken from the 2006 English Standard Version)

Old Testament

Book of the Bible: Chapter Verses

Psalm

Book of the Bible: Chapter Verses

New Testament

Book of the Bible: Chapter Verses

Gospel

Book of the Bible: Chapter Verses

Should the pastor's message come from one of these in particular? OT Psalm NT Gospel

Your Information

Name

Cell Phone

Relationship to deceased

email address