



*So transformed by God's abundant grace, we
rejoice together in Christ-centered life, love and service*
"Equip • Connect • Empower"

Memorial Service Request Form

Personal Information

Name of Deceased | _____

Name of Family Contact | _____

Contact Phone Number | _____

Contact Address | _____

Deceased Date of Birth | _____ Location | _____

Date of Death | _____ Location | _____

Disposition: Burial Cremation Donation

Preferred Funeral Home | _____

Will there be a Prayer Service? YES NO (This usually takes place the evening prior to the memorial service)

Church Information

Member of Faith+Journey Lutheran Church YES NO

If a member of another congregation, provide contact their information:

Type of Service: Memorial Funeral Graveside Holy Communion YES NO

Location of Service | _____

Internment Location | _____

Requesting FJLC Columbarium Space? YES NO Contact Foundation

FJLC Officiant | _____

Reception @ FJLC? YES NO Type: Coffee/Cookie Meal

If "yes" Contact FJLC Funeral Committee

Memorial Gifts Designation | _____

Copies to: Office Parish Administrator Foundation

Special Readings Requested

_____ Read by _____

_____ Read by _____

_____ Read by _____

_____ Read by _____

Special Hymns Requested

Special Music/Musicians

Speaking for the Family @ Service | _____

Will there be a time of public sharing @ Service? NO YES

Approximately how many people do you think will attend

50-75

75-100

100-150

150-200

Special Honors (Military/Police/Fire) NO YES

if Yes: Name of Contact Person | _____