ADVENT ELC FUNERALS AND MEMORIALS WORKSHEET

General Information

| Full name of the deceased {First, Middle, (Maiden), Last} | |
|---|--|
| Nickname or preferred name | |
| Address of deceased | |
| | |
| Deceased Date of Birth | Deceased Date of Death (If applicable) |
| | |
| Name of person(s) filling out this form: | |
| Email address of the person filling out this form: | |
| Telephone Number of the person filling out this form (Point Person) | |
| Next of Kin/Phone Number | |

Arrangements

| What kind of service will be held? | |
|---|---|
| O Funeral | O Memorial Service (for those who are cremated) |
| O Holy Communion | O Holy Communion |
| O No Communion | O No Communion |
| Will a Visitation be held? | |
| O Yes at AdventELC | |
| O Yes at the Funeral Home | |
| O No | |
| Will the remains be present at the visitation? | |
| O Open Casket | O Urn with Photograph next to it |
| O Closed Casket | O No remains present |
| Time of Visitation | |
| O Evening prior to the service only | |
| O Before the service only | |
| O Both | |
| Displays | |
| O Photographic Displays | |
| O Mementos (Awards, Certificates, etc.) of the Deceas | sed |
| O Video Tribute (Usually produced by the Funeral Ho | ome) |
| O Other: | |
| Location of the Service | |
| O Advent Lutheran Church | |
| O Funeral Home (Holy Communion not offered) | |
| Name of Funeral Home | |
| o Phone Number of Funeral Home | |
| O Cemetery (Graveside Service Only) | |
| Name of Cemetery | |
| Cemetery Address | |

The Service O Please consider the following suggestions. O I trust the pastor to plan it all. Music: Hymns: (please select two or three) ☐ For All the Saints □ Amazing Grace □ Beautiful Savior □ Lift High the Cross □ A Mighty Fortress □ I Was There to Hear Your Borning Cry □ In the Garden □ Other _____ Special Music: □ None desired ☐ Any of the above □ Other Please list any soloists or choirs Any Other Special Participants, Concerns or Requests: Scriptures: Old Testament: (please select one or two) □ Job 19: 23-27a □ Ecclesiastes 3: 1-8 □ Isaiah 25:6-9 □ Other _____ □ Isaiah 61: 1-3 Psalms: (please select one or two) □ 23 $\Box 121$

42: 1-7

□ 46: 1-7

□ 90

□118

□130

□143

□ Other

| New Testament: (please select one or two) | |
|---|---|
| □ Romans 5: 1-11 | □ Revelations 7: 9-17 |
| □ Romans 8: 31-39 | □ Revelations 21: 2-7 |
| □ 1 Corinthians 15: 12-26 | □ Other |
| □ 1 Peter 1: 3-9 | |
| Gospel: (please select one) | |
| □ Matthew 5: 1-12 | □ John 11: 21-27 |
| □ Matthew 25: 1-13 | □ John 14: 1-6 |
| □ Luke 12: 35-40 | □ Other |
| □ John 5: 24-29 | |
| Other Readings: (optional) | |
| Special poems, essays or stories | |
| Please list | |
| Hospitality Meal The Meal Following the Service Funeral Meal, one way that our Christian assembly supports a general Meal committal. Through conversation and sharing food We are sustained in worship and beyond by sharing food around | I, families and friend are upheld by the church's ministry. |
| Options for the Meal after the Service | |
| O Yes, We'd like a meal in the Fellowship Hall follo | wing the service |
| O We will have a meal, but it will be offsite (Advent | will not provide) |
| O No meal is desired | |
| Would you desire a time for sharing memories and sto Eulogies and speakers are normally invited to share their memories and please a microphone and sound equipment will be provided. | ories at the funeral/memorial luncheon rather than at the |
| O Yes | |
| O No | |
| O Unsure | |

Memorial Gifts

| Would you like memorial gifts to be made to: |
|---|
| O Advent Lutheran Church |
| O Other |
| Planned Giving: |
| O I/We have included Advent Lutheran Church in my/our will. |
| O I/We have planned another type of deferred gift. |
| O Other |
| O Life Insurance |
| O Gift – Annuity |
| O Charitable Trust |