

ZION LUTHERAN CHURCH

Funeral & Memorial PRE-Planning Guide

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number[s]: _____

Birth Date: _____

Birth Place: _____

Funeral Home Preference: _____

Type of Service: Funeral/Burial Memorial/Cremation

In case of funeral, should there be a public viewing before service? Yes No

Service to Be Held at: _____

Place of Interment: _____

Father's Full Name: _____

Mother's Full/Maiden Name: _____

Spouse: _____

Children/Grandchildren: _____

Previously Married: Yes No Circumstances: Divorced Widowed

Name of Former Spouse: _____

Scriptures Desired: _____

Hymns/Song Desired: _____

Organist/Pianist Desired: _____

Vocalists Desired: _____

Pallbearer Possibilities: _____

Where/When Education Received:

Significant Employers/Occupations:

Military Honors: _____

Clubs/Organizations: _____

Honors/Recognitions: _____

Hobbies: _____

Other Special Arrangements:

Memorials to Zion: Yes _ No _

Other Memorials: _____

I Have a Will: Yes _ No _ Where kept: _____

Signed: _____ Date: _____

Turn in to the Zion Church Office when complete.