

# REGARDING A DEATH



DATE: \_\_\_\_\_

NAME OF CALLER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO THE DECEASED: \_\_\_\_\_

DO YOU HAVE A DATE YOU'RE CONSIDERING FOR THE SERVICE? \_\_\_\_\_

## DECEASED INFORMATION

| FIRST NAME                         | MIDDLE NAME | LAST NAME    | AGE |
|------------------------------------|-------------|--------------|-----|
| DATE OF DEATH: _____               |             |              |     |
| WHERE THEY PASSED AWAY: _____      |             |              |     |
| CITY                               |             | STATE        |     |
| WHERE THEY LIVED: _____            |             |              |     |
| CITY                               |             | STATE        |     |
| RELATIONSHIP TO KOG MEMBERS: _____ |             |              |     |
| _____                              |             |              |     |
| MORTUARY: _____                    |             | PHONE: _____ |     |
| CONTACT PERSON: _____              |             |              |     |
| NOTES:                             |             |              |     |

# MEMORIAL SERVICES FORM

# KING OF GLORY LUTHERAN CHURCH

|  |  |  |             |
|--|--|--|-------------|
| <b>CELEBRATION OF LIFE</b> for:  |  |  |             |
| DATE OF DEATH:   |  | CREMAINS <input type="checkbox"/> or CASKET <input type="checkbox"/>                           |             |
| PLACE OF DEATH:  |  | IF CREMATION, WILL URN BE AT SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> |             |
| MORTUARY:  |  | PHONE:   |             |
| FAMILY MEMBER IN CHARGE OF SERVICE - CONTACT INFO:   |  |  |             |
| PHONE:   |  | EMAIL:   |             |
| 2 <sup>ND</sup> FAMILY MEMBER CONTACT INFO:  |  |  |             |
| PHONE:   |  | EMAIL:   |             |
| DATE OF SERVICE:   |  | DAY OF WEEK:   | TIME: AM/PM |
| RECEPTION TO FOLLOW? YES <input type="checkbox"/> NO <input type="checkbox"/>                    |  | APPROX. #:   |             |
| ADDED TO CALENDAR? YES <input type="checkbox"/> NO <input type="checkbox"/>                      |  | NOTES:   |             |
| <b>MUSIC INFORMATION</b>   |  |  |             |
| SPECIAL RECORDED MUSIC: YES <input type="checkbox"/> NO <input type="checkbox"/>                 |  | PROVIDED ON: CD <input type="checkbox"/> FLASH DRIVE <input type="checkbox"/>                  |             |
| SONGS TO BE PLAYED:  |  |  |             |
| KOG ORGANIST/PIANIST/SOLOIST? (\$150**) YES <input type="checkbox"/> NO <input type="checkbox"/> |  |  |             |
| ADDITIONAL SOLOIST? (\$50) YES <input type="checkbox"/> NO <input type="checkbox"/>              |  |  |             |
| <i>**IF THERE IS A FINANCIAL CONCERN, PLEASE CONTACT THE CHURCH OFFICE.</i>                      |  |  |             |
| SONGS/HYMNS REQUESTED:   |  |  |             |
|  |  |  |             |
| <b>VIDEO INFORMATION</b>   |  |  |             |
| VIDEO/SOUND TECH NEEDED? (\$50) YES <input type="checkbox"/> NO <input type="checkbox"/>         |  | TECH:  |             |
| VIDEO TO BE PLAYED DURING SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>      |  | DURING RECEPTION? YES <input type="checkbox"/> NO <input type="checkbox"/>                     |             |
| PROVIDED ON: DVD <input type="checkbox"/> FLASH DRIVE <input type="checkbox"/>                   |  | OTHER:   |             |
| LENGTH OF VIDEO?   |  |  |             |
| NOTES:   |  |  |             |
| <b>MISCELLANEOUS INFORMATION</b>   |  |  |             |
| PICTURE FOR FRONT OF ALTAR? YES <input type="checkbox"/> NO <input type="checkbox"/>             |  | EASEL NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/>                         |             |
| SPECIAL SCRIPTURE:   |  |  |             |
| PROGRAM BOOKLET PROVIDED BY MORTUARY OR FAMILY?  |  | MORTUARY <input type="checkbox"/> FAMILY <input type="checkbox"/>                              |             |
| NAME OF FLORIST:   |  |  |             |
| MILITARY HONORS: YES <input type="checkbox"/> NO <input type="checkbox"/>                        |  |  |             |
| GUEST BOOK? YES <input type="checkbox"/> NO <input type="checkbox"/>                             |  |  |             |
| MEMORY PICTURES/POSTERS IN NARTHEX? YES <input type="checkbox"/> NO <input type="checkbox"/>     |  | <i>(Will be moved to reception following)</i>  |             |
| SPEAKERS DURING THE SERVICE (TIME OF REMEMBRANCE):   |  |  |             |
|  |  |  |             |
| NOTES:   |  |  |             |
|  |  |  |             |
|  |  |  |             |
|  |  |  |             |