

# REGARDING A DEATH



**KING OF GLORY**  
A LUTHERAN COMMUNITY

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

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

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

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

IMMEDIATE FAMILY MEMBERS \_\_\_\_\_

\_\_\_\_\_

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

## DECEASED INFORMATION

\_\_\_\_\_  
FIRST MIDDLE LAST 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 OR CASKET?	
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:			