

# MEMORIAL SERVICES FORM

KING OF GLORY LUTHERAN CHURCH, TEMPE

<b>CELEBRATION OF LIFE FOR:</b>			
DATE OF DEATH:		CREMAINS OF 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. #:	<i>Suggestions available in the church office.</i>
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? (\$200**) 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:	TECH NOTIFIED <input type="checkbox"/>
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:	
LIVE-STREAMED? Yes <input type="checkbox"/> No <input type="checkbox"/>		PUBLIC? Yes <input type="checkbox"/> No <input type="checkbox"/>	PRIVATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
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:		FLORIST PHONE #:	
MILITARY HONORS: Yes <input type="checkbox"/> No <input type="checkbox"/>		GUEST BOOK? Yes <input type="checkbox"/> No <input type="checkbox"/>	COMMUNION? Yes <input type="checkbox"/> No <input type="checkbox"/>
MEMORY PICTURES/POSTERS IN NARTHEX? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTIFICATION TO CONGREGATION OF DEATH? Yes <input type="checkbox"/> No <input type="checkbox"/>		DATE COMPLETED:	
SPEAKERS DURING THE SERVICE (TIME OF REMEMBRANCE):			
NOTES:			