Christian Memorial Service Planning Guide

St. John's Lutheran Church, Grand Haven, MI

Please return this form to the Church Office when completed.

Name:	Date Completed:
Funeral Home Preference:	
Music Preferences (title of hymns, solos, e	tc.):
Scripture Reading Preferences:	
Old Testament:	
New Testament Epistle:	
New Testament Gospel:	
Sermon Text Preference:	
Home during special visitation hours and have special requests regarding these an	
Memorials should be directed to:	
If there are any other requests that the po	astor should be aware of, please list them below.

Please write a brief biographical sketch of your life to date on the reverse side of this page.

Name:	ame: Date of birth:							
First	Mic	ddle Last	Date of birth: Month/Day/Year					
Place of birth:								
Place of birth: _	City/County	/State	_					
Father's name:			Mother's name:					
-	First	Last			First	(Maiden)	Last	
Spouse's name:								
Spouse's name:	First	Last						
List Formar/Dag	oarod Spor	ico's namos:			•			
List Former/Dece	euseu spoi	ose s names	First	Last				
		;			;			
First	Last	First	Last		First	Last		
Children's name			;			;		
	Firs	t Last		First	Last			
		;			·			
First	Last	First	Last		First	Last		
Grandchildren's	names:			;			;	
		First	Last		First	Last		
		;			·			
First	Last	First	Last		First	Last		
		;			·			
First	Last	First	Last		First	Last		
Other names: _			, Rela	tionship:				
	First	Last						
_			, Rela	tionship:				
	First	Last						
_			, Rela	tionship:				
	First	Last						
_			, Relationship:					
	First	Last						
Occupation:		E	mployed/l	Retired b	y:			
Additional Biogr	aphical Info	ormation:						