

COMO PARK LUTHERAN CHURCH

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2014 EMERGENCY INFORMATION and SUGGESTIONS FOR MY FUNERAL

Please complete and return to the church office.

NAME: _____

PHONE: _____ EMAIL: _____ (Maiden Name)

DATE OF BIRTH: _____ PLACE OF BIRTH _____
(Month/day/year) (City & State)

SPOUSE: _____

DATE OF MARRIAGE: _____ PLACE: _____
(Month/day/year) (City & State)

FAMILY

PARENTS: _____

CHILDREN: _____
(name, phone and email)

OTHER CONTACTS

(name, phone, email) _____

OVER PLEASE

SUGGESTIONS FOR MY FUNERAL

A Christian funeral or memorial service is a celebration of the hope that is ours in the resurrection of Jesus Christ. When someone dies, the family must make many immediate decisions. This form is to be used to help your family with the decisions they will be asked to make. Please fill out the areas that are important to you, and then return it to the church office. If you wish assistance from the pastor one will be happy to help you. This form will be kept **CONFIDENTIAL**.

FUNERAL HOME

Name: _____

Address: _____ Phone: _____

Visitation: ____ yes ____ no _____ Funeral home ____ Church ____

Cremation: ____ yes ____ no _____ Body donated: ____ yes ____ no

Open casket: ____ yes ____ no

BURIAL

Cemetery: _____

Address: _____ Phone: _____

Private: ____ yes ____ no

Clothing: _____

SERVICE

Scripture Text (2 are usually used): _____

Congregational Hymns (2 may be chosen): _____

Special Music (2 may be chosen): _____

Pastor(s): _____

SUGGESTED MEMORIALS

1. _____ 3. _____

2. _____ 4. _____