COMO PARK LUTHERAN CHURCH

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Saint Paul, Minnesota 55108-2300
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www.comoparklutheran.org

EMERGENCY INFORMATION and SUGGESTIONS FOR MY MEMORIAL

Please complete and return to the Church Office.

NAME: _____

PHONE: _____ EMAIL: _____

BIRTHDATE: _____ BIRTHPLACE: _____

(Month/Day/Year) *(City, State)*

SPOUSE *(if any)*: _____

MARRIAGE DATE: _____ PLACE: _____

(Month/Day/Year) *(City, State)*

FAMILY

PARENTS: _____

_____

CHILDREN *(if any)*: _____

(Name, Phone, Email) _____

_____

_____

_____

OTHER CONTACTS: _____

(Name, Phone, Email) _____

_____

_____

(OVER PLEASE)

SUGGESTIONS FOR MY MEMORIAL

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 for assistance from the pastor, one will be happy to help you. This form will be kept **CONFIDENTIAL**.

FUNERAL HOME

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

VISITATION: _____ Yes / _____ No

CREMATION: _____ Yes / _____ No

OPEN CASKET: _____ Yes / _____ No

FUNERAL LOCATION

Funeral Home _____ / Church _____

DONATE BODY: _____ Yes / _____ No

BURIAL

CEMETERY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PRIVATE: _____ Yes / _____ No

CLOTHING: _____

_____

SERVICE

SCRIPTURE *(2 are usually used)*: _____

_____

CONGREGATIONAL HYMNS *(2 are usually used)*: _____

_____

PASTOR(S): _____

_____

SUGGESTED MEMORIALS

1. _____ 3. _____

2. _____ 4. _____