

FUNERAL INFORMATION FORM

Trinity Lutheran Church
47 W Main St, Mount Joy PA 17552

Date Completed _____

Name (as it should appear in service): _____

Date of Birth: _____

Please answer the questions below. If you do not have a preference in a certain area, please indicate "No Preference". Feel free to use additional paper to complete the form.

NOTE: If you are a veteran desiring military honors, and/or if you are a member of an organization that performs services of remembrance, those services must be arranged through the funeral home. Thank you!

1) Please choose where you would like your service to be held (circle choice):

Church Funeral Home Graveside Only Other _____

2) Would you like a reception to be held at the church, following the service? Yes No

3) Music – Please list below any special music (hymns, appropriate secular music) that you would like included in the service. Also, if you want a soloist or special music of any kind, please indicate this as well.

(Note: the organ is generally used for funerals, but another option can be arranged if indicated).

4) Scripture/Readings – Please list your choice of scriptures, and any appropriate secular readings, you would like included in the service. You may attach a copy of any non-biblical reading you would like included in the service.

5) Do you desire, in addition to the pastor, a specific guest speaker, friend(s), or family member(s) to speak at your service? This can make the service more personal and meaningful. Possibly review your request with the person(s) and list their name(s) below.

6) Your service should both comfort those who mourn and celebrate your life. Indicate below any special memories and/or events you want remembered at your service that the pastor, or others, should mention.

7) Is there a personal message that you would like shared with those who attend your service? Feel free to attach this message on additional paper. Please indicate if you would prefer to have this message read or printed.

8) Please feel free to note any other concerns and/or desires you have for your service. Use additional paper and attach if needed.

Please submit completed form to the church office and keep one copy at home for use by your loved ones. Information is confidential and will be kept by the Pastor(s) of Trinity to be used upon your death.

Office Use Only – Date Filed _____