



# Funeral Service Information

For: \_\_\_\_\_

of College Hill Lutheran Church

Cedar Falls, Iowa

## Biographical Record

Today's Date:

Phone #:

Home Address:

Date of Birth:

Date of Baptism:

Date of Confirmation:

Father's Name:

Mother's Full Maiden Name:

Marital Status M \_\_\_\_\_ D \_\_\_\_\_ S \_\_\_\_\_ W \_\_\_\_\_

To:

Date:

Place:

**Immediate Family members:**

**Main Contact Persons:**

Name:

Name:

Phone #:

Phone #:

Email:

Email:

# Service Information

City/Town of Service:

Church:

Funeral Home:

Graveside:

Clergyman: (1):

and/or (2):

Organist:

Special Music (Consult with pastor):

Vocalist:

Confirmation Text (if known) or favorite Bible passages:

Favorite Hymns (Ask pastor for suggestions or review the *Lutheran Service Book*):

- 1.
- 2.
- 3.

Casket Bearers (If available):

Flower Requests:

Memorial Donations:

Cemetery Name and Location:

Other information: