



**Christ's Lutheran Church ~ Oreland, PA**

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**Funeral Information Sheet**

Name of Deceased: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Age @ Date of Death \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Next of Kin \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Phone: #: \_\_\_\_\_  
Funeral Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Clergy Record Received:  Yes

Cemetery Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Cemetery Address: \_\_\_\_\_ Email: #: \_\_\_\_\_  
Internment  Cremation  Full Military Burial

Visitation To Be Held At: CLC Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location if "other": \_\_\_\_\_

Services To Be Held At: CLC Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location if "other": \_\_\_\_\_

Music Provided By: \_\_\_\_\_

Lunch at Church  Yes  No Number of People: \_\_\_\_\_  
Lunch Coordinator: \_\_\_\_\_ Contact Info: \_\_\_\_\_  
Lunch Provider: \_\_\_\_\_ Contact Info: \_\_\_\_\_  
Special Needs for Lunch: \_\_\_\_\_

Funeral Service Notes 20 minutes before service as applicable.

- Lights on-sanctuary  Sound system on  Light candles including paschal candle  Toll bell for Lord's Prayer
- Toll bell for as casket leaves church – toll once for each year of persons age  Ring Carillon after grave side service

For Church Office or Pastor Only: \_\_\_\_\_

**Funeral Information Sheet**  
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Name of Deceased: \_\_\_\_\_

Services To Be Held At: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

# of People Expected: \_\_\_\_\_

Communion  Yes  No

Scripture: \_\_\_\_\_

Reader: \_\_\_\_\_

\_\_\_\_\_

Reader: \_\_\_\_\_

\_\_\_\_\_

Reader: \_\_\_\_\_

Hymns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organist: \_\_\_\_\_

Contact: \_\_\_\_\_

Organist Contacted:  Yes

Vocal Solo by: \_\_\_\_\_

Contact: \_\_\_\_\_

Soloist Contacted:  Yes

Name of Selection

Composer

Vocal Selection: \_\_\_\_\_

Contact: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Memories | Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Memories | Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Memories | Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For Church Office or Pastor Use: \_\_\_\_\_

\_\_\_\_\_

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