



# Saint Andrew's Lutheran Church Funeral/Memorial Information

**Name:** \_\_\_\_\_

**Member of Saint Andrew's?** Yes  No

**Relationship to Saint Andrew's if not a member:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Date of Memorial Service:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date of Committal:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Presiding Minister:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Any additional information:**

**Memorial Gift Designation:**