



# Immanuel Lutheran

Embracing Equipping Engaging

13445 W Hampton Rd Brookfield, WI 53005-7513

Church: 262.781.7140 School: 262.781.4135 Child Care: 262.781.7342

Pastor: Stephen Henderson ♦ Pastor Colby Howell

Christian Day School Principal: Jen Comfort

♦ Child Care Director: Jess Jones ♦ Director of Youth and Discipleship: Heather Vahl

Office Manager: Kim Graf ♦ Business Mgr. Maggie Uravich

## FUNERAL INFORMATION

FULL NAME: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Funeral at: \_\_\_\_\_ Church \_\_\_\_\_ Funeral Home \_\_\_\_\_ Other: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

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

Hymns: \_\_\_\_\_

Favorite Bible verses: \_\_\_\_\_

Soloist: \_\_\_\_\_ Obituary: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Visitation: \_\_\_\_\_

Committal at: \_\_\_\_\_ Church \_\_\_\_\_ Funeral Home \_\_\_\_\_ Gravesite

Cemetery: \_\_\_\_\_

Date Born: \_\_\_\_\_ Place Born: \_\_\_\_\_

Date Baptized: \_\_\_\_\_ Place Baptized: \_\_\_\_\_

Date Confirmed: \_\_\_\_\_ Place Confirmed: \_\_\_\_\_

Confirmation Verse: \_\_\_\_\_ Pastor: \_\_\_\_\_

Survivors: Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

Others: \_\_\_\_\_

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Fellowship: \_\_\_\_\_ Ham & Rolls \_\_\_\_\_ Cake/Coffee: How Many? \_\_\_\_\_

Memorials to: \_\_\_\_\_ Biographical Insert: Yes \_\_\_\_\_ No: \_\_\_\_\_

Office Checklist:

\_\_\_ Contacted food coordinator: \_\_\_\_\_ (Name of food coordinator)

\_\_\_ Informed Elder of death: \_\_\_\_\_ (Name of elder contacted)

\_\_\_\_\_ (Name of funeral elder assigned)

\_\_\_ Contacted altar guild about Funeral Pall and Banner

\_\_\_ Received Clergy Record

\_\_\_ Updated paper file (Filed obituary, bulletin, and Clergy Record)

\_\_\_ Updated computer file

\_\_\_ Entered data in Church Membership Record Book

\_\_\_ Memorials forwarded to appropriate fund

\_\_\_ Memorial Thank-you's sent