

Funeral Planning Booklet

**Holy Trinity Evangelical Lutheran Church
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INTRODUCTION

Each and every person will experience the death of someone they love. Some of these losses occur after a long life while others are termed “untimely.” For some the death occurs after a prolonged illness, while others are unexpected. No matter how it occurs, those who loved the person are left with much to think about and much to do. It is hoped that this booklet will assist you in preparing for such an event or give you guidance while in the midst of such an experience.

The forward to the Funeral Service in Evangelical Lutheran Worship states: “At a person’s death, the church shares the grief of those who mourn and remembers the brevity of life on earth. At the funeral we give voice to sorrow, thank God for our loved one, and entrust this companion of ours into the hands of God. Trusting in God’s promises in baptism that we are claimed by Christ forever, we rest in the sure hope of the resurrection. When the church gathers to mark the end of life, Christ crucified and risen is the witness of worship, the strength of mutual consolation, and the hope of healing.” (ELW page 279)

It is recommended that if possible, you use this tool prior to the experience of a death. This tool may be used with a loved one or you may fill it out for yourself. You may register a copy with the Church Office and/or the funeral director of your choice.

THINGS TO CONSIDER

Are the following items in place:

Living Will	Yes ___	No ___
Durable Power of Attorney	Yes ___	No ___
Healthcare Power of Attorney	Yes ___	No ___
Will and or Trust	Yes ___	No ___

Do the individuals who will need to use these documents know about them? Yes ___ No ___

FUNERAL/MEMORIAL INFORMATION

Name of Individual _____
(First) (Middle) (Last) (Maiden)

Date of Birth _____ Date of Death _____

Location _____ Location _____

Living ___ Deceased ___

Other Family Members

Living ___ Deceased ___

Living ___ Deceased ___

Living ___ Deceased ___

Living ___ Deceased ___

Living ___ Deceased ___

Living ___ Deceased ___

Church Member Yes ___ No ___ How Long? _____

Name of Church & Denomination _____

Church Activities _____

Occupation/s _____

Military Service Yes ___ No ___ Veteran's Serial or Regimental Number _____

Newspaper Obituary Yes ___ No ___

Newspapers _____

Preferred Funeral Home _____

Phone number of Funeral Home _____

Burial Preferences Burial of Body ___ Interment of Ashes ___

Preferences

Glasses Leave On ___ Remove ___ Donate after service ___

Jewelry Leave On ___ Remove ___ Give to _____

Clothing (describe particular dress or suit/outfit)

Visitation At Funeral Home ___ At Church ___ At Home ___ None ___

Visitation Date and Time _____

Funeral/Memorial Service Date and Time _____

At Funeral Home ___ At Church ___ At Grave ___ At Columbarium___

Officiant Pastor of Holy Trinity _____

Others _____

Hymns/Songs for Worship Service (*From ELW or Copyright Approved Source*)

1. _____

2. _____

3. _____

4. _____

Other Music _____

Musicians: _____

Scripture Readings _____

Pall Bearers

_____	_____
_____	_____
_____	_____

Altar Flowers Given by Family? Yes ___ No ___ Casket Spray Yes ___ No ___

In Lieu of flowers please make memorials to:

Holy Trinity Lutheran Church Yes ___ No ___
Specific Fund of Holy Trinity _____

Other Organizations Yes ___ No ___
Names _____

Additional Comments :

Please contact the following individuals upon my death:

Funeral Reception/Meal Yes ___ No ___

Special needs _____

Approximate number expected for reception/meal _____