

Service of Victory Form

Name (including middle /maiden name) _____

Date of Birth: ____/____/____

Date of Death – to be filled in by the church office

Name of Funeral Home (if applicable) _____

Will there be calling hours? Yes No

Will there be a graveside service? Yes No If yes, location _____

Service of Victory Options

Please discuss these with the pastor. Additional costs may apply for some items.

- Additional Clergy Soloist(s)
 Reception at Faith Lutheran Church Special Music
 Military Honors Other _____
 Livestream / Powerpoint

SERVICE DETAILS

- Officiant / Leader _____
- Location of Service _____
- Remembrances
 - Speaker 1 _____ Speaker 2 _____
 - Speaker 3 _____ Speaker 4 _____
- Readings (2-3 recommended)
 - Reading 1 _____ Name of Reader _____
 - Reading 2 _____ Name of Reader _____
 - Reading 3 _____ Name of Reader _____
- Hymns/Songs (3 recommended)
 - Hymn 1 _____
 - Hymn 2 _____
 - Hymn 3 _____
- Pall Bearers (please list the names)
 - _____
 - _____
- Memorial Designations

Contact information for person managing memorial designations:

Name: _____ Phone: _____ E-mail: _____

Address: _____

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Remembrances

What would you like people to know about _____'s faith?

What do you think people should know about _____?

Special Memories of family and friends:
