



Funeral Information Sheet

Name: _____
(Last) (First) (Middle)

Date of Funeral: _____ Place of Funeral: _____

Time of Funeral: _____

Member of St. John? Yes No

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Desire Funeral Bulletin? Yes No Bulletin Provided by whom? _____

Presiding Minister: _____

St. John Organist: T.J. Bazzoon 210-492-5772, Customary Fee: \$75 (Make check payable directly to organist)

Other Organist/Pianist: _____ Phone: _____

Location of Funeral: _____

Location of Burial (Cemetery): _____

Family Contact Person: _____

Relationship to Deceased: _____ Phone: _____

Address: _____
(Street Address) (City) (State, Zip)

Will there be a reception after the Funeral? Yes No Do you desire refreshments? Yes No

Number of People anticipated: _____ Location of Reception: _____

Do you want a table in the lobby to display pictures/momentos, etc.? Yes No

Will there be a video? Yes No If Yes, will it be played DURING the service BEFORE the service

Special Requests and Other Details: _____

