

# HOMECOMING INFORMATION

*“Do not let your hearts be troubled. You believe in God ; believe also in me.<sup>2</sup> My Father’s house has many rooms; if that were not so, would I have told you that I am going there to prepare a place for you?<sup>3</sup> And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am.<sup>4</sup> You know the way to the place where I am going.”*

JOHN 14: 1-4



**SAINT JOHN**  
LUTHERAN CHURCH

# PERSONAL INFORMATION

FULL NAME FIRST MIDDLE LAST MAIDEN (If Applicable)

DATE OF BIRTH HOSPITAL (IF KNOWN) CITY / STATE OF BIRTH

SPOUSE'S FULL NAME FIRST MIDDLE LAST MAIDEN (If Applicable)

WEDDING DATE PLACE CITY / STATE OF WEDDING

ACHIEVEMENTS

AWARDS

DEGREES

# of Children: \_\_\_\_\_

# Grand Children: \_\_\_\_\_

# Great Grand Children: \_\_\_\_\_

# Siblings: \_\_\_\_\_

Father's Name

Mother's Name

VETERAN: Y N

BRANCH

RANK AT DISCHARGE

ENLISTMENT DATE

ENLISTMENT PLACE

DISCHARGE DATE

DISCHARGE PLACE

LOCATION OF DISCHARGE PAPERS (DD214):



# IMPORTANT DOCUMENT INFORMATION

LOCATION OF IMPORTANT PAPERS: \_\_\_\_\_

\_\_\_\_\_

WILL and / or TRUSTS?:    [Y]    [N]    LOCATION(S): \_\_\_\_\_

\_\_\_\_\_

LIF INSURANCE POLICIES: [Y]    [N]    LOCATION(S): \_\_\_\_\_

\_\_\_\_\_

Below list an 401K, IRA's or any other Important Documents that your family might need To have access to .

\_\_\_\_\_  
INSTITUTION NAME                      DOCUMENT TYPE/ACCOUNT TYPE / POLICY TYPE                      CONTACT PHONE

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INSTITUTION NAME                      DOCUMENT TYPE/ACCOUNT TYPE / POLICY TYPE                      CONTACT PHONE

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INSTITUTION NAME                      DOCUMENT TYPE/ACCOUNT TYPE / POLICY TYPE                      CONTACT PHONE

\_\_\_\_\_  
INSTITUTION NAME                      DOCUMENT TYPE/ACCOUNT TYPE / POLICY TYPE                      CONTACT PHONE

I HAVE LEFT MORE INFORMATION ON THE ABOVE WITH THE FOLLOWING:

\_\_\_\_\_

CONTACT: \_\_\_\_\_



\_\_\_\_\_  
PERSON IN CHARGE OF DECISIONS ABOUT FUNERAL / BURIAL

CONTACT

## BURIAL INFORMATION

PREFERRED FUNERAL HOME

ADDRESS

PHONE

FUNERAL HOME CONTACT NAME

TYPE OF BURIAL:  TRADITIONAL BURIAL  CREMATION  EARTH BURIAL  MAUSOLEUM

OTHER: \_\_\_\_\_  
\_\_\_\_\_

## SERVICE INFORMATION

### CHURCH

BAPTISM DATE

CONFIRMATION DATE

MEMORIAL GIFTS IN LIEU OF FLOWERS? Y N

If yes, what Memorial (s) would you wish?

PERSONAL SCRIPTURES

HYMN Name

STANZAS

(Circle one) CONGREGATION SING

SOLO

MUSIC ONLY

HYMN Name

STANZAS

(Circle one) CONGREGATION SING

SOLO

MUSIC ONLY

HYMN Name

STANZAS

(Circle one) CONGREGATION SING

SOLO

MUSIC ONLY

List out OTHER CHRISTIAN SONG YOU WOULD LIKE PLAYED / SUNG:

## LEGACY INFORMATION

WHAT ADVICE WOULD YOU GIVE YOUR FAMILY?

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WHAT ARE THE MOST IMPORTANT VALUES IN YOUR LIFE?

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WHAT HOPES DO YOU HAVE FOR FUTURE GENERATIONS OF YOUR FAMILY?

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WHAT DO YOU WANT TO BE REMEMBERED FOR?

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WHO ARE SOME PEOPLE WHO SHAPED YOUR LIFE?

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