

Saint Mark Lutheran Church
Kaneohe, Hawaii
Funeral Information Form



First of all, let us express our deepest sympathy. Jesus promised, **“whoever believes in Me shall never die.” (John 11: 26)** His promise of eternal life is based upon His life, death, and resurrection. What a blessing it is to know that our friends and family are with Jesus even now in heaven, but life still hurts. When someone we loved is taken from our life it leaves a hole that cannot be filled. The funeral service is meant to bring some closure so life can go on, to give us a chance to remember the blessings and moments we will always cherish, and to be reminded of the Father’s promise to us through His Son Jesus Christ that there is indeed life through His resurrection. If you have any questions about the funeral service, or any of the other many details you are now struggling to complete, please don’t hesitate to contact Pastor Matt at the church office. Our address is: 45-725 Kamehameha Highway, Kaneohe, HI 96744. Our phone number is (808) 247-4565. Our fax number (808) 235-6155. Pastor Matt’s e-mail address is: pastormatt@stmarkhawaii.org.

Full Legal Name: _____

Where and When were they born: _____

Father’s Name: _____ **Mother’s Name:** _____

Date of Baptism: _____ **Place of Baptism:** _____

Date Confirmed in the Faith: _____ **Place of Confirmation:** _____

Confirmation Verse: _____

Where and When did they die: _____

Where did they go to school: _____

Did they serve in the military? **Yes** **No**

Tell us about it: _____

Were they married? **Yes** **No** **To Whom:** _____

Date of Marriage: _____ **Place of Wedding:** _____ **Church:** _____

Children: _____

Grandchildren: _____

Where did they work? _____

Special Awards or Honors: _____

Service Information

Date and Time of Funeral: _____ Place (Church): _____

Would you like the church to provide music? Yes No

Will there be special music at the service? Yes No

Christian Hymn Requests _____

Are there special Bible verses you would like read? _____

Will there be Pall Bearers? Yes No Names: _____

Will there be a viewing before or after the Service? Yes No

Date, time, and place of Committal (if different than funeral): _____

Are they going to be cremated? Yes No Will there be a burial at sea? Yes No

Will the graveside service be private? Yes No

Name of Cemetery: _____

In Case Further Information is Needed, Contact: _____

Location of Visitation and hours of visitation: _____

Serving Dinner: Yes No Hosting Pupus: Yes No

Approximate number expected to attend meal: _____

NOTE: IF DINNER IS SERVED AT THE CHURCH

100 people MAX can be accommodated on the Church/ School Lanai

100+ people can be accommodation in the School Gym upon availability.

Cater (Name, Phone, Point of Contact): _____

Memorial Gift Designation: _____

Other Special Requests: _____

Pastor: _____

Bulletin: _____

Music: _____

Soloist: _____

Caterer: _____

Entered in the Red Book _____