

"Kick-It" Box Information Sheet

FULL NAME: _____
(Last) (First) (Middle)

SIGNATURE: _____ SS#: _____
Not necessary for church copy.

DATE: _____ Health Care Proxy completed? Living Will completed? Will completed?

If yes, where is information located? _____

FUNERAL SERVICE

Location of Service Preferred

Church _____ Funeral Home _____

I would _____ would not _____ like Holy Communion to be celebrated at the church service.

Suggested Scripture Readings: _____

Suggested Old Testament Lesson: _____

Hymns: _____

Psalm: _____

New Testament Lesson: _____

Gospel Lesson: _____

Information Concerning Funeral Service

Name: _____ Phone: _____

Funeral Home Preference: _____

Location: _____

PERSONAL INFORMATION

Date & Place of Birth: _____

Date & Place of Baptism: _____

Date & Place of Confirmation: _____

Date & Place of Marriage: _____

Father's Full Name: _____

Mother's Full (Maiden) Name: _____

Full Name of Spouse: _____

Children: Full Names/Dates of Birth/Current Addresses: _____

[Use extra sheet if necessary.]