



Please complete all information. Please print clearly.

General Information

Full Name: _____

Date of Birth: _____ Date of Death: _____

Place of Death: _____

City: _____ State: _____ Zip Code: _____

Church Affiliation: _____

Funeral Home: _____ Phone Number: _____

Address: _____ Zip Code: _____

Funeral Director: _____

Visiting Hours: _____ a.m. / p.m. _____ a.m. / p.m.

Visiting Hours: _____ a.m. / p.m. _____ a.m. / p.m.

Family Contact: _____ Phone Number: _____

Email: _____

Time of Funeral: _____ Date of Funeral: _____

Location: _____

City: _____ State: _____ Zip Code: _____

Reception Following: Yes No Number of Bulletins: _____

Memorials: _____



Please complete all information. Please print clearly.

Service Information

Organist: _____

Hymns: _____

Special Music: _____

Soloist: _____

Time of Remembrance: _____

Lessons: 1st Lesson: _____ Reader: _____
Psalm: _____ Reader: _____
2nd Lesson: _____ Reader: _____
Gospel: _____

Communion: Yes No

Altar Care: _____ Usher: _____

Other Needs: _____

Pallbearers: _____



Atonement Lutheran Church
1900 Westfall Road
Rochester NY 14618

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Funeral Fees

	<u>Atonement Member</u>	<u>Non-Member</u>
Organist:	\$175	\$175
Cleaning Service:	0	\$50
Use of Sanctuary:	0	\$250
Use of Reception Space: (Reissig Hall)	0	\$100
Pastor:	0	\$250