



GLORIA DEI
LUTHERAN CHURCH
MEMORIAL
PLANNING
GUIDE

A guide to
celebrating
your life





ENSURE YOUR PLANS AND WISHES ARE IN ORDER

Gloria Dei provides you a memorial planning guide to assist you in organizing and recording personal insights, essential information and final wishes to share with your family. This is also a gift to your family enabling them to fulfill your wishes and celebrate your life.

YOU ARE GOD'S UNIQUE CREATION... ONE OF A KIND.

Regardless of how God has ordered the steps of your life, you are special to God, to your family and to your friends.

In your uniqueness, you have your own personality and style; your own music and art; and your own passions and memories.

As you work through this Planning Guide, you are free to write your own script... You express the wishes to be honored and the story to be told.

DON'T KEEP THIS A SECRET!

Be sure to share your Plan with those closest to you so they know you have a Plan and how to carry it forward. Discuss it with them so they have the opportunity to ask questions.

Protect your Plan... Keep it in secure but accessible location. Let your family know how to access it.

IMPORTANT INFORMATION

NAME

First:	Middle:	Last:
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CONTACT INFORMATION

Street Address:	City:
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Address Line 2:	State:	Zip:
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Telephone Number(s):

Email(s):

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth:	Date of Birth:
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Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Marriage Date:
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Surviving Spouse:

CAREER

Occupation	Type of Industry
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Employer	Phone
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EDUCATION

Highest Level <input type="checkbox"/> K-12 <input type="checkbox"/> College <input type="checkbox"/> Post Graduate

School College University:	Degrees:
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MILITARY SERVICE <input type="checkbox"/> yes <input type="checkbox"/> no	Branch:	Last Rank:
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Places of Service:

FATHER

First Name:	Middle:	Last:	Age:
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Place of Birth:

MOTHER

First Name:	Middle:	Last:	Age:
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Place of Birth:

RESPONSIBLE CONTACT(S) Person(s) responsible for managing arrangements

Name:	Relationship:
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Street Address:	City:
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Address Line 2:	State:	Zip:
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Email(s):	Phone(s):
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Other information:

FAMILY HISTORY

MY GRANDPARENTS

MY SIBLINGS

MY GRANDCHILDREN

REMEMBERING YOUR LIFE

MEMORABLE MOMENTS

Childhood:

Family:

Career:

Achievements | Awards | Offices Held:

Other Memorable Moments:

REMEMBERING YOUR LIFE

Favorite Things:

Music:

Hobbies:

Other:



YOUR MEMORIAL

Your memorial service is a time for your family and friends to gather and remember your life. When you plan this service in advance, this time can be a unique and personal reflection of you.

PREFERRED CHURCH | MEMORIAL PARK | CEMETERY | COLUMBARIUM

Name:

Street Address:

City:

Address Line 2:

State:

Zip

TYPE OF SERVICE Funeral Memorial Other

PLACE OF SERVICE Church Cemetery Chapel Cemetery Graveside GDLC Columbarium

PARTICIPATING ORGANIZATIONS Military | Fraternal | Public Safety

OBITUARY Newspaper(s):

PALLBEARERS

SERVICE DETAILS

Selected Readings | Scripture:

Musical Selections:

Musicians

Floral Preferences

Other Preferences Remembrances



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