



Rostered Minister Funeral Planning Information

Date this form was completed: _____

Rostered Minister Name:

First Name	Middle Name	Last Name	Nickname
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Roster:

Word and Sacrament Word and Service

Title: The Rev. The Rev. Dr. Bishop Deacon

Have you been granted the title *Emeritus* or *Emerita*? Check if, yes

Congregation/Organization Name and Location bestowing title:

Please complete this form and...

1. provide a copy to the synod office for the Bishop's files (*Ms. Kim Uemura, Southern Ohio Synod, ELCA, 9200 Worthington Road, Suite 140, Westerville, OH 43082 or email to KUemura@SouthernOhioSynod.org*)
2. provide a copy to the congregation where you hold membership;
3. provide a copy to your family; and
4. retain a copy for your personal files.

Rostered Minister Contact Information:

Email: _____

Phone: _____

Address: _____

Family:

Spouse: _____

Email: _____

Phone: _____

Children (Name, (spouse), phone, email) – *Additional space is available at the end of this document if needed.*

1. _____

2. _____

3. _____

4. _____

5. _____

Grandchildren:

Personal Dates:

Date of Birth: _____

Place: _____

Date of Baptism: _____

Place: _____

Date of Ordination/Consecration: _____

Place: _____

Education:

College (Name & Location)/Degree/Date: _____

Fraternity/Sorority Affiliation: _____

Seminary (Name & Location) /Degree/Date: _____

Graduate (Name & Location) /Degree/Date: _____

Honorary Degrees/Dates: _____

Other Recognitions/Dates: _____

Service

Calls to Congregations or Agencies (include Location, Last Position Held, and Dates) *[More space is available at the end of this document, if needed]:*

- _____
- _____
- _____
- _____
- _____

If Retired, Date of Retirement: _____

Service to the Community (Organization, Location, and Dates) *[More space is available at the end of this document, if needed]:*

- _____
- _____
- _____
- _____
- _____

Congregation

Home Congregation (Name, City): _____

If Retired, Current Pastor: _____

Email: _____ **Phone:** _____

Service Preferences

Desired Location of Service (Congregation, City): _____

Type of Service: Funeral Service Memorial Service

Favorite Scripture Passage and Translation:

Scripture Passages for Service (include translation, if desired):

- _____
- _____
- _____
- _____
- _____

Hymns and Placement within the Service (indicate ELW, LBW, WOV, etc.):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Financial Matters

Has the synod or any synod-affiliated ministries been included in your estate planning?

Yes No

Please have the synod's director of Planned Giving contact me to discuss estate planning.

Memorial gifts may be made to:

Additional Information for which there was insufficient space above or for other information you would like to include, please use this space, or add a separate sheet.

Please review and update this form every 2 years.

Blessed be the God and Father of our Lord Jesus Christ, by whose great mercy we have been given a new birth into a living hope through the resurrection of Jesus Christ from the dead, and into an inheritance that is imperishable, undefiled, and unfading, kept in heaven for you.... 1 Peter 1:3-4 (NRSV, Emended)

Revised January 2022