# Rostered Minister Funeral Planning Information

**Date this form was completed:** (m/d/yyyy)

**Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Middle Name | Last Name | Nickname |

**Roster:**

Word and Sacrament  Word and Service

**Title**:

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 *(email to* [*KUemura@SouthernOhioSynod.org*](mailto:KUemura@SouthernOhioSynod.org)or *USPS to Ms. Kim Uemura, Southern Ohio Synod, ELCA, 9200 Worthington Rd, Suite 140, Westerville, OH 43082)*;
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.

*Note: The fields in this form are expandable. Press Tab to move from field to field.   
If there are insufficient fields for your information, you may add it at the end of the document under Additional Information.*

Rostered Minister Contact Information: ­­­

**Email**:       **Phone**:

**Address**:

Family:

**Spouse**:

**Email**:       **Phone**:

**Children** (Name, (spouse), phone, email):



**Grandchildren:**

Personal Dates:

**Date of Birth**:       **Place**:

**Date of Baptism**:       **Place**:

**Date of Ordination/Consecration:**       **Place**:

Education:

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

**Sorority/Fraternity** (Name):

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

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

**Honorary Degrees/Dates**:

**Other Recognitions/Dates**:

Service

**Calls to Congregation or Agencies, Location, Last Position Held, and Dates)** *[If you need mores spaces, please use the space for Additional Information located at the end of this document.]:*



**If Retired, Date of Retirement:**

**Service to the Community** (Organization, Location, and Dates)**:**

Congregation

**Home Congregation** (Name, City):

**If Retired, Current Pastor:**

**Phone Number**:       **Email**:

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 or other information you would like to include:

**Please enter the date this form was completed on page 1.**

**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