

St. John the Evangelist Anglican Church

60 Erie Street North

Leamington, ON N8H 2Z5

519-326-3111

Private and Confidential

Personal Information

(Please fill in separate sheet per person)

Full Name: _____ **Birthdate:** _____

Address: _____ **E-mail address:** _____

Mailing Address if different from above: _____

Telephone: House#: _____ **Cell#:** _____

Do you identify as Male _____ **Female** _____ **or Other** _____ **Pronouns preferred** _____

Spouse/Common-Law/Partner's Name: _____ **Living or Deceased**

Are they a member of the church: Yes _____ **No** _____

Children's Names: **Living or Deceased** **Married** **Significant Other's Name** **Children**

_____ **Y / N** _____ **Y / N**

_____ **Y / N** _____ **Y / N**

_____ **Y / N** _____ **Y / N**

If more room is needed or you want to add comments, please add them to the back of the sheet.

PICTURES

1) Do you give permission to have your picture taken and placed in church articles, vestry reports or in an email that is for members of the church? Yes _____ **No** _____

2) Do you give permission to have your picture taken and placed in a brochure or on social media to advertise church events? Yes _____ **No** _____

Signature: _____ **Date:** _____

FUNERAL

Please circle or write below your choice if you wish to provide this information for your funeral.

a) **What do you prefer when you die:** Burial or Cremation

b) **Type of Service:** Church Service, Funeral Home, Graveside

c) **Favourite Hymns or Songs:** _____

Favourite Scripture Readings: _____

Favourite Poem or Story: _____

Have you spoken to your loved ones about your final wishes? Yes ____ No ____

Any Extra Notes or Comments About Your Funeral:

Extra Space for Children Information:

Any Other Comments You Would Like The Pastoral Team To Know:

Please place finished paperwork in the envelope supplied. Seal it & place in the brown envelope where Ann stands or hand to me. Thank you, Kimberly+