# Funeral / Memorial Information Form

Contact Name: _____
Contact Address: _____
Contact Phone: _____ Contact Email: _____

Name of the Departed: _____
Address: _____
Date of Birth: ___/___/___
Date of Passing: ___/___/___
Church Affiliation (please circle): Member / Active Participant / Member of: _____
If a member of another church, please give us their address: _____
_____

Family Members:

| Name: | Relationship: | Name: | Relationship: |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date & Time of Funeral/Memorial: ___/___/___ _____AM/PM
Location & Address of Funeral/Memorial: _____
Will the remains be present? (please circle): Yes / No In what form? Casket / Urn / Picture

Date & Time of Burial: ___/___/___ _____AM/PM
Location & Address of Burial: _____

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For Office Use:

Hymns or Scriptures Requested:_____
_____
_____

Other Special Adaptations: _____
_____
_____

**Donations/Honorariums:**
*(Please make staff honorariums directly to the individual, rather than the church.)*
Sanctuary - *None*
Pastor - *At your discretion*
Organist - $250
($300 if new music required to be learned)
Custodian - $75