



# 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: \_\_\_\_\_

## 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 - \$200

(\$250 if new music required to be learned)

Custodian - \$75