

# MEMORIAL AND FUNERAL SERVICE

First United Methodist Church of Santa Rosa

Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Date and time of Service: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Relatives arranging service: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Cremation (Y or N): \_\_\_\_\_

Burial City, County, State: \_\_\_\_\_

Sanctuary, Chapel, Stony Point Worship Center: \_\_\_\_\_

Reception: \_\_\_\_\_ Where: \_\_\_\_\_ # of People: \_\_\_\_\_



Officiating Clergy: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Organist/Pianist: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Usher (s): \_\_\_\_\_ Confirmed: \_\_\_\_\_

Sound System/Audio Visual Tech: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Custodian\*: \_\_\_\_\_ Confirmed: \_\_\_\_\_

United Methodist Women/Other Reception Host: \_\_\_\_\_ Confirmed: \_\_\_\_\_

Please make payment directly to:

Clergy: (at family discretion)

Organist/Pianist: \$150.00

Soloist: \$75.00

\*Custodian: We request a payment of \$75.00 for evening, Friday and Saturday services

Audio/Visual Tech: \$100.00

Reception: (UMW): Donation

Copy to: Clergy: \_\_\_\_\_ Family: \_\_\_\_\_ Office: \_\_\_\_\_