



FUNERAL/MEMORIAL INFORMATION

office@mayflowerchurch.org

SERVICE Date _____ Time _____ Number attending _____

COLUMBARIUM Niche Service - Date/Time _____ **GRAVESIDE** Location/Date/Time _____

Deceased Full Name _____

Date of Death _____ **Death Certificate:** Yes No

Date of Death _____ **Location of Death** _____

Family/Contact 1 _____ **Family/Contact 2** _____

Address _____ Address _____

City/State _____ City/State _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Mayflower Member: Yes No

Mayflower Member: Yes No

Notes:

STAFF

Coordinator: _____

Minister: Yes No Music: Yes No

Officiating Pastor: _____

Music Staff: _____

Caterer: _____

Instrument*: _____

Custodian: _____

Other: _____

FEES - Member / Non-member

- Sanctuary 0/\$250
- Chapel 0/\$250
- Atrium 0/\$250
- Prayer Garden 0/\$250
- Collumbarium Niche \$850 for one
\$1600 for two
- Officiating Pastor \$600
- Organist/Pianist \$400

- Custodian \$300
- A/V Sound Tech \$100
- Graveside Serice \$75
- Sanctuary Video/Sound \$50/\$100
(Tech: _____)
- Portable Audio/Microphone \$50
- Piano Tuning \$50

FUNERAL COMPANY _____

Contact _____

- If none, add service fee of \$150/\$150

TOTAL FEE \$ _____

Deposit (non-refundable) + \$250

BALANCE Due \$ _____

PAID - Check # _____ Date _____

SETUP - Atrium/Chapel/Prayer Garden - (Event form required)

- Reception / Catered** - (hiring, planning, and payment is solely the responsibility of the family)

Vendor _____

- Tables and Chairs (church-owned)** - Setup*/Count: _____
- Rental Furnishings** - (hiring, planning, and payment is solely the responsibility of the family)
- Video Monitor for DVD/Casting of video**
- Other** _____

*Setup Plan provided to Custodian

APPROVAL:

Officiating Minister: _____

Music Director: _____

Date: _____

PLAN AGREEMENT

Please refer to the Funeral Guide for planning details, roles, and expectations.

I agree to abide by the processes outlined in the Funeral Guide; work with the pastors/coordinators; accept responsibility for my party on dates reserved for my event; and accept full responsibility for payment of fees incurred.

Signature _____ Date _____

Printed _____