



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

Location of Death - In Michigan Out of state _____ Out of country _____

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

- | | | | |
|---|---------------------------------|--|------------|
| <input type="checkbox"/> Sanctuary | 0/\$250 | <input type="checkbox"/> Custodian | \$300 |
| <input type="checkbox"/> Chapel | 0/\$250 | <input type="checkbox"/> A/V Sound Tech | \$100 |
| <input type="checkbox"/> Atrium | 0/\$250 | <input type="checkbox"/> Columbarium/Graveside Service | \$75 |
| <input type="checkbox"/> Prayer Garden | 0/\$250 | <input type="checkbox"/> Sanctuary Video/Sound | \$50/\$100 |
| <input type="checkbox"/> Collumbarium Niche | \$850 for one
\$1600 for two | (Tech: _____) | |
| <input type="checkbox"/> Officiating Pastor | \$600 | <input type="checkbox"/> Portable Audio/Microphone | \$50 |
| <input type="checkbox"/> Organist/Pianist | \$400 | <input type="checkbox"/> Piano Tuning | \$50 |
| | | <input type="checkbox"/> Funeral Program | \$50 |

FUNERAL COMPANY _____

Contact _____

Fees paid by Funeral Company _____

If not using funeral company, add \$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 soley the responsibility of the family)

Vendor _____

Tables and Chairs (church-owned) - Setup*/Count: _____

Rental Furnishings - (hiring, planning, and payment is soley 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 _____