**MEMORIAL SERVICE WORKSHEET**

1. Name to be printed on the Bulletin

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officiating Pastor Organist

2. Service Date\* Time \*

Sanctuary (seats 900) \_\_\_\_\_\_ Chapel (seats 140) \_\_\_\_\_\_

\*Services are to take place during the following custodial hours:

Monday-Thursday 7 am- 8:30 pm

Friday 7 am- 4:00 pm

Saturday 7 am- 1:30 pm

\*Services that begin or last past staffing hours will require overtime pay for custodians.

 Reception location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_ Caterer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Knife and Faulk Catering (located on site) may be reached at (214) 749-0299. Parlor Receptions are limited to 40 persons with light refreshments only.

3. Family Contact #1 Name Relationship 

Address Phone

Email

Family Contact #2 Name Relationship

Address Phone

Email

4. Number of Bulletins \_\_\_\_\_\_\_\_\_ Reserved Pews \_\_\_\_\_\_\_\_\_ (6 for Chapel; 10 Sanctuary)

Parking spaces \_\_\_\_\_\_\_\_\_

5. Optional music: Soloist/instrumentalist

The Selection is noted on the Bulletin Worksheet, and the fee will be determined by the Music Department.

• Flower Arrangements: One \_\_\_\_ or Two \_\_\_\_\_ Easel for Portrait \_\_\_\_\_\_\_\_\_\_

• Guest Book: Loose pages to be provided? \_\_\_\_\_\_\_

• Slideshow (family to bring Laptop, USB, or DVD 24 hours prior to service)

Jubilee Hall: Projector \_\_\_\_\_\_\_\_\_\_ Parlor: TV/DVD \_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Live Stream: Sanctuary only if tech support is available: (fee $200) \_\_\_\_\_\_\_\_

**Inurnment in PHPC Columbarium**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_ Number in Attendance \_\_\_\_\_\_

Delivery of Cremains: by funeral home (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or family \_\_\_\_\_\_\_\_\_\_\_

expected date and time of delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offsite Funeral Service**

Date \_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_ Funeral Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_ Private? \_\_\_\_\_\_ or Public? \_\_\_\_\_

**Notes for Back of Bulletin**

Obituary to be provided? \_\_\_\_ Published? Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photograph to be provided? \_\_\_\_\_\_

Name and address of Organization to receive Memorial Donations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information for Back of Bulletin must be provided 48 hours before the date of the funeral.

**The Service**

Scriptures to be read:

Affirmation of Faith:

Congregational Hymns:

Solos or Anthems:

Soloist or Instrumentalist Preferences:

Family or Friends to Speak:

Memorial Contributions in lieu of Flowers:

Meaningful Relationships:

Reflections on my Faith:

Additional information: