

Celebration of Life Planning Form

Name of Deceased: _____

Date of Birth: _____ D.O.D.: _____

Date, Time, Location of Service: _____

Urn or Casket: _____ Family to meet prior to funeral in: _____

Member of New Hope? _____

If no, is the deceased related to a member of New Hope? _____

Family contact person(s): _____

Contact phone number: _____ Contact email: _____

How many family members to reserve space for: _____

Burial Location and Time: _____

Pastor Officiating: _____

Funeral Home: _____

Funeral Contact Person: _____

Pianist: _____

Soloist: _____

DVD?: _____

CD's or Other Digital Music?: _____

Technician: _____

Fees

Facility Usage Donation

Members: We request that families make a donation to the church for the use of the facility.

Non-Members: \$100

Cleaning Fee: \$75

Pastor Honorarium: \$200

Musician Honorarium: \$150

Reception Fee (if reception is held on sight—you must provide your own catering):

Under 100 attendees: Free

Over 100 attendees: \$75