

FUNERAL INFORMATION FORM

Scarboro United Church
Calgary, Alberta

Name of Decedent _____
Surname, Given Names (Preferred)

Date of Birth _____ Date of Death _____
Month DD, YYYY Month DD, YYYY

Place of Residence _____

Place of Burial _____

What was the church affiliation of the Decedent? _____

Is there an obituary? **Y / N** In what publication? _____

Any instructions about where to send flowers, condolences? _____

Would you like a notice for this service to appear in the ScarboroNews Sunday bulletin, or on our website/
social media? _____

Do you prefer to have a: **'funeral'**, **'memorial service'**, **'celebration of life'**, other: _____
Please circle your choice

Will you be adding additional slides to the PowerPoint slideshow? _____

Are the slides set to music? **Y / N** (*Slides must be delivered to the church 3 business days prior to the service.*)

Are there any special hymns/readings that you would like to include? _____

Are you using a funeral home? **Y / N** Which one? _____

Will there be a reception? **Y / N** Are you providing refreshments? _____

Will you be using the **Sanctuary / Chapel** for the service? **Memorial Hall / Social Room** for the reception?

Have you arranged for paid serving staff through the funeral home or caterer? **Y / N**

Date of Service _____ Time of Service _____
Month DD, YYYY

Notes: _____

Contact Information:

(Please indicate the person who is responsible for paying the invoice)

Name(s): _____ Invoice
Home Phone: _____ Business: _____
Cell Phone: _____ Email: _____
Mailing Address: _____

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Cell Phone: _____ Email: _____
Mailing Address: _____

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===== Office Use Only =====

Officiating Minister _____ Musician _____
Hostess _____ AV Technician _____
Payment Received _____ Server _____