

**ARRANGEMENTS FOR FUNERAL OR MEMORIAL SERVICE  
SELWYN AVENUE PRESBYTERIAN CHURCH**

1. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
2. Address and Telephone Number: \_\_\_\_\_
3. I wish to have a \_\_\_\_\_ funeral; \_\_\_\_\_ memorial service; \_\_\_\_\_ committal service/ashes scattering only.  
\_\_\_\_\_ Sanctuary \_\_\_\_\_ Chapel \_\_\_\_\_ other (columbarium, cemetery, etc.)
4. Name/address of funeral home or crematorium to be used: \_\_\_\_\_
5. Place and address of interment (cemetery, Selwyn columbarium, other): \_\_\_\_\_
6. Name, address, and telephone number of next of kin or person(s) to be contacted for completing arrangements:  
(*Please list three*)

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
7. I would like for the following pastor(s) to officiate at the service (note ordained pastors from other churches are eligible).  
If not Selwyn pastor, please provide contact information.  
  
\_\_\_\_\_
8. Time of day desired (may not be able to be accommodated): \_\_\_\_\_
9. Flowers desired: \_\_\_\_\_
10. I have asked the following people to serve as pallbearers (if desired):  
  
\_\_\_\_\_
- I would like to use the church's funeral pall: \_\_\_\_\_yes \_\_\_\_\_no
11. Scripture passages to be included: \_\_\_\_\_

12. Hymns to be sung:

13. Other musical selections (prelude, postlude)

14. Soloist or guest instrumentalist(s) and requested music:

Musician contact information:

15. Do you wish to have \_\_\_\_visitation before the service or \_\_\_\_reception after service, or \_\_\_\_both?

Time(s) desired:

Location(s):

16. If possible I would like a recording of the service to be given to my family: \_\_\_\_Yes \_\_\_\_ No.

17. I have provided a bequest to the Church in my estate plans: \_\_\_\_Yes \_\_\_\_No.

I would like to receive information about wills and bequests: \_\_\_\_Yes \_\_\_\_No.

18. I would like for memorial gifts to be designated for:

a) A particular area of the Church's work and mission: (list specific)

b) A particular aspect of the Church (Youth, Flower fund, Music, Building fund, etc.):

c) Any other charitable agencies (Hospice, Humane Society, Habitat, etc.):

19. Please provide any additional information or requests below. (Every effort will be made to accommodate requests when possible).

Signature \_\_\_\_\_

Date completed \_\_\_\_\_

Date received by Church office \_\_\_\_\_