



PLANNING A CELEBRATION OF LIFE/MEMORIAL SERVICE

The United Church of Hinesburg wishes to support you and your family in your bereavement. When a loved one has passed away, contact the church office at 802-482-3352 or call Pastor Jared Hamilton at 802-310-2631 to set up a meeting. Pastor Jared will go over the planning of visitation hours, a memorial service, the committal, a reception and any additional details or questions you might have.

Members of the church can help with a reception at the Osborne Parish Hall. Our members provide a set-up with tablecloths, napkins, beverages, finger sandwiches and desserts, service and cleanup.

Recommended Honoraria for the above services are:

- \$150 Pastor
- \$125 Musician/Accompanist for the memorial service
- \$100.00 or \$150.00 for the reception depending on the size of the group

Once again, we are sorry for your loss.

Sincerely,

The United Church of Hinesburg

GENERAL INFORMATION

NAME: \_\_\_\_\_

DATE AND TIME OF SERVICE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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BACKGROUND

Full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Date of death: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Any significant details you wish to mention describing his/her death \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Spouse(s) \_\_\_\_\_

Children/grandchildren: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position in family, names of siblings \_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_  
\_\_\_\_\_

Childhood memories: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Feel free to add an attachment.)

Further Education (university, etc. if applicable): \_\_\_\_\_  
\_\_\_\_\_

If married, name of spouse(s), how they met and wedding date(s): \_\_\_\_\_  
\_\_\_\_\_

Any other significant relationships, friendships \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant events: (moves, travel, things that were meaningful to the person.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thing she/she enjoyed in his/her life: favorite activities or hobbies, pets, gardens, music, art, reading materials, games or sports... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your philosophy of life and/or belief about the hereafter, if any? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else you've thought of that you'd like to mention \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE SERVICE

Funeral Home: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of the Service: \_\_\_\_\_

Will the Remains be at the Service? Casket          Cremation

Will there be viewing hours? When? \_\_\_\_\_

Will the remains be interred? Where and When? \_\_\_\_\_

#### ELEMENTS

Music is optional. Selections may be played before, during or after the service by live musicians with singer or CDs, etc. Suggested points in the service follow:

Gathering: \_\_\_\_\_

Readings: \_\_\_\_\_

Reflection: \_\_\_\_\_

Closing: \_\_\_\_\_

#### Hymns and/or Readings

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In addition to the Officiant, is there anyone else whom you would like to offer a eulogy or a few words?

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Would you like to open the floor for people in attendance to offer memories?      YES              NO

Other readings or a prayer offered by a family friend:

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Anything you would specifically not like read, said or sung at your memorial?

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Displays. Any photos, artwork or crafts that could be displayed?

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Have you any thoughts as to the type of reception you would like following the service?

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Reminder: Bring few pictures for the program.

NOTES: