

FUNERAL AND MEMORIAL SERVICES INFORMATION FORM

Please note, items in **bold** are required.

We recommend reviewing our Funeral and Memorial Policies prior to filling in this form.

Return the completed form to the attention of Sarah Patlan by fax to the church at 713.528.7748 or by email to spatlan@stpaulshouston.org.

First Middle and Last Name of Deceased:

Date of Birth: _____ **Date of Death:** _____

Place of Birth: _____ **Place of Death:** _____

Primary Contact Person: _____

Relation: _____

Preferred Phone Number: _____

Preferred Email: _____

Home Address: _____

Select: **Funeral** or **Memorial Service** **Number guests anticipated:** _____

Location of service:

Sanctuary Chapel Columbarium Funeral Home

Date of service: _____ **Time of service:** _____

Please note final date and time will be determined in conjunction with the family, pastor(s), music department, and church scheduling coordinator.

Pastor(s) Requested: _____

Scripture Preferences: *Consult your pastor and view the Scripture Recommendations on our funeral web page at <http://www.stpaulshouston.org/funerals> under Service Planning Resources.*

Old Testament Lesson: _____

Psalm: _____

New Testament Lesson: _____

Gospel: _____

Music Preferences: *Please contact Christopher Betts, Director of Music, at cbetts@stpaulshouston.org to assist in music selection. You may also view the Music Recommendations found on our funeral web page at <http://www.stpaulshouston.org/funerals> under Service Planning Resources.*

Congregational Hymns: 1. _____
2. _____
3. _____

Would you like a soloist to sing at the service? Yes No

Solos: 1. _____
2. _____

Additional Notes:

Obituary printed as bulletin insert: Yes No

Guest Book provided by:

- Funeral Home
- Family

Names of Worship Participants for Remembrances/Scripture Readings and their relation to the deceased:

Remembrances (5 mins): _____

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Lay Reader: _____

Lay Reader: _____

Memorial Contributions: Choose one or more from the following:

- St. Paul’s Methodist Foundation of Houston
- Other organization or ministry area (specify):
- Charity of the family’s choice (specify):
- No mention

Flowers: *Flower urn size is J5. Please ask that the flowers arrive at least one hour before the service time. Flowers ordered through the church will be invoiced according to the Funeral and Memorial Policies.*

Please specify the following:

Ordered by: St. Paul’s UMC Family Funeral Home

Details and Instructions: *Please detail name of florist, desired colors and types of flowers, use at reception, family take, leave at church, funeral home take, etc.*

Reception at St. Paul’s? Yes No **Reception at other Location? Provide name/address:**

If reception will be at St. Paul’s, please complete the following:

Reception to be in: Fondren Hall or the Parlor

Number of guests anticipated: _____

Caterer: _____

List food and drinks to be served (*receptions in the Parlor must respect the food and drink specifications in our Parlor Guild Policies*):

Room setup for church reception—standard is tables in cross shape in the middle of room:
(list desired tables, table cloths, chairs, coffee, tea, water, napkins, plates, cups, silverware)

Name of Funeral Home: _____ Phone: _____

Traditional Burial: Yes No

Cremation: Yes No

St. Paul's Columbarium Inurnment? Yes No

Niche location: _____

Graveside Service Date/Time/Address/Location:

Surviving Family Members:

Spouse: _____

Date of Marriage: _____

Number of Children: _____

List Other Family Members:

Notification for All Saints Day: *Please include the names and addresses of those to be notified for All Saints Day when your loved one will be remembered during worship services.*

Deceased was preceded in death by:

Additional Personal Information:

Occupation/Career: _____

St. Paul's Areas of Service: _____

Military Service: _____

Hobbies: _____

Other Memberships/Organizations: _____

Parking or Accessibility Needs:

Additional Comments:
