



Harvard Unitarian Universalist Church
 9 Ayer Road, On the Common
 PO Box 217, Harvard, MA 01451
 978.456.8752
 admin@uuharvard.org

Memorial Service Form



Please read the *Use Policies and Renter Responsibilities*, and fill out *Form A (Facilities Use Request)* along with this form.

Date of Memorial: _____ Time: _____

Contact Information

Name of family contact: _____

Address: _____ City/state/zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Name of service/reception contact: _____

Address: _____ City/state/zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Contact information for minister (if not Rev. Wendy Bell): _____

Contact information for organist (if not Ted Johnson): _____

Florist: _____

Caterer: _____

Funeral home: _____

Facilities Use

Sanctuary Fellowship Building for reception

Please complete Form A (Facilities Use Request) also.

— **IMPORTANT** —

Your security deposit and this form, along with Form A, are required for confirmation of your memorial reservation.

I have read the *Use Policies and Renter Responsibilities*, understand the rules set forth within, and agree to abide by them:

SIGNED: _____ DATED: _____

To be completed by church office: Security Deposit: \$ _____ Received: _____ By: _____
 Facilities Payment: \$ _____ Received: _____ By: _____