



FIRST PRESBYTERIAN CHURCH

Memorial Service Form

The pastor will wish to speak with you and/or any family members that wish to meet/discuss the service. Please indicate dates and times that may be convenient to meet with the pastor (we suggest listing several options, to allow the pastor(s) to schedule sufficient time to meet).

Dates/Times to meet with Pastor: _____, or _____, or _____

Requested Date, Memorial Service: _____ Requested Hour, Memorial Service: _____

Requested location of Memorial Service: Chapel _____ Sanctuary _____ Other _____
(Seats approx. 75)

*** PLEASE NOTIFY THE CHURCH IMMEDIATELY OF ANY CHANGES TO THE ABOVE SCHEDULE.**

Name of the First Presbyterian Church of NPB Pastor you are requesting conduct the Memorial Service:

Please contact the Director of Music Ministries, Mr. James Arnn, for hymn selections, soloists, special music, organist, pianist, etc.

You should have received a schedule of fees necessary to complete arrangements for payment of First Presbyterian personnel and facilities. If you did not receive these items, please request them at this time.

*** NOTE: Date/time of meeting with the pastor prior to the service will be confirmed by the pastor. Availability of the date and time for the service will be confirmed by both the pastor and the Office Manager.**

Contacts

- Reverend Walter B. Arnold, III, Senior Pastor (561) 622-8818 EXT. 101
- Reverend Ron Hilliard, Associate Pastor (561) 622-8818 EXT. 102
- Reverend Tim Gooley, Pastoral Associate (561) 622-8818 EXT. 103
- Reverend Elton Piersma, Parrish Associate (561) 622-8818
- Mr. James Arnn, Director of Music Ministries (561) 622-8818 EXT. 130
- Mrs. Cindy Miller, Office Manager (561) 622-8818 EXT. 109

Are there hymns and/or scripture selections you wish to have included in the memorial service? If so, please indicate:



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Will you be bringing a guest book and pen? _____

If so, we would be happy to provide a podium for your convenience.

Please indicate if podium is needed: _____

Will you require a printed order of worship for the memorial service? _____

If so, please discuss quantity and cover selection. Quantity _____ Cover Selection _____

Will there be a reception following the service? _____

If so, would you like an invitation with location listed in the order of worship?

Will you be displaying photos or a collage? _____ If so, we would be happy to provide an easel, if needed.

Please indicate if needed _____

We would be happy to convey your wishes for flowers and/or memorials to telephone inquirers.

Please indicate your wishes: _____

Will there be a funeral home or other like provider involved with the arrangements? _____

If so, please indicate: _____

_____ I have received a copy of the Fee Schedule.

_____ I have received a copy of "Procedures for Arranging the Memorial Service" and will communicate our needs with the church secretary, administrator and music dept.

Signature _____

Date ____/____/____

OFFICE USE ONLY

Pastors: Arnold _____ Hilliard _____ Gooley _____ Piersma _____

Dir. Of Music Min. _____ Fellowship _____ Organist _____ Sound Tech _____ Sexton _____