

# *The Memorial Service*

First Presbyterian Church  
in  
North Palm Beach, FL

We at First Presbyterian  
would like to extend  
our heart felt sympathies  
in this, your time of loss.

We have assembled this packet  
in an effort to assist you  
in implementing the details  
of the memorial service.

It is our prayer  
that the contents will be a useful tool  
in implementing your wishes.

*The Staff of First Presbyterian Church  
in North Palm Beach, FL*

**Memorial Service Information**  
**First Presbyterian Church of North Palm Beach, FL**  
(561) 622-8818

Name of deceased \_\_\_\_\_  
(Please clearly print the name as you wish it to appear in the order of worship)

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ D.O.D. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Church Membership \_\_\_\_\_ City/State \_\_\_\_\_

Memorial Service Contact Name \_\_\_\_\_ Relation to deceased \_\_\_\_\_

Contact's Address \_\_\_\_\_ EMAIL \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Contact's Telephone: (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Cell) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Other

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 of Memorial Service: \_\_\_\_\_ Requested Hour of 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. Jay 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 church administrator.**

## 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 Steve Gibbons, Parrish Associate	(561) 622-8818	EXT. 119
Mrs. Cindy Miller, Communications Director	(561) 622-8818	EXT. 109
Mrs. Cindy Medlin, Pastors Assistant	(561) 622-8818	EXT. 119
Mr. Jay Arnn, Director of Music Ministries	(561) 622-8818	EXT. 130

- Are there hymns and/or scripture selections you wish to have included in the memorial service?  
If so, please indicate \_\_\_\_\_.
- 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 needed ( Y / N )
- 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 collages**? \_\_\_\_ 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 service? \_\_\_\_ 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 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

<b>OFFICE USE ONLY</b>			
Pastors:	Arnold _____	Hilliard _____	Gooley _____
Fellowship _____	Organist _____	Sound Tech _____	Sexton _____