



Loving God, Serving Others, Transforming Lives.

Sacramento Japanese United Methodist Church, the Garden Church
6929 Franklin Blvd., Sacramento, CA 95823
Website : www.sacjumc.com ❖ E-mail : sjumc@sacjumc.com
Phone: (916) 421-1017 ❖ Fax: (916) 391-3620
Rev. Motoe Yamada Foor, Senior Pastor

SJUMC, the Garden Church Memorial Service Planning Worksheet

(if you have any questions or would like to discuss, please contact the pastor(421-1017))

I, _____, understand that depending on the circumstances, things may be changed.

Signature _____ Date _____

Do you wish your service to be public private
(please remember your family and friends may need closures although you may not feel you do not want to be recognized)

Do you wish to have an additional pastor(s) other than the appointed pastor?
_____(In our church, the senior pastor who is appointed at that time officiates the service.)

Lighting of the candles (acolytes) _____ - _____

Eulogy _____

Remembrances _____

What hymns, and verses would you like to have? (Generally two hymns)

Do you have a preference for a scripture or would you like the pastor to pick one?

Would you like to have a special presentation?

- a. Slide show (3-5 minutes) with music (CD/Mp3 or Organist)
- b. Poem and/or special music by family member/friend



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Would you like to have floral tribunes? Please list all organizations and names.

Would you like to include Presentation of Flag? Yes No

Family words of appreciation _____

Do you wish people to honor your memory by making a donation to SJUMC?

Yes No (if no, please list organizations _____)

For your program bulletin, do you wish to have your picture on it?

Yes No (if yes, do you have a picture you would like to use?)

Do you wish to have a special clip art such as cherry blossom, or United Methodist

Cross, etc? Yes _____ No _____

Extra information

Do you wish your remains to be cremated?

If cremation is chosen, do you wish your ashes to be present for the memorial service?

Are your ashes to be buried in a plot, scattered, or kept in an urn at the home of your next of kin?

Do you wish to have a viewing/visitation for your family to greet friends?

Do you wish your remains to be present for the viewing/visitation?

If cremation is not chosen, do you prefer a closed or open coffin for the viewing?

Do you prefer the viewing to take place in the church or at the funeral home?

Do you prefer a viewing the evening before the funeral, or the day of the funeral one hour prior to the service?

Are you a member of a social or fraternal society? If yes, what is the name of the society? If yes, do you wish to have the ceremonial tributes of your society to be performed for you?

Do you have groups, organizations, clubs that we need to notify of the service?

Do you have people whom your family may not know, will be notified of and invited to your service?



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Name of Group/Primary Contact

Contact Info

1. _____
2. _____
3. _____

Name

Contact Info

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
