



Sacramento Japanese United Methodist Church

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Rev. Dr. Kelley O'Connor, Senior Pastor

FUNERAL/MEMORIAL SERVICE WORKSHEET FOR THE PASTOR

Please email your responses to the Pastor (k.oconnor@sacjumc.com) and the Office Manager (office@sacjumc.com) by _____. Thank you.

Funeral/Memorial Service

1. Full Name of Deceased: _____

2. Date & Place of Birth: _____

3. Date & Place of Death: _____

4. Contact Person: _____

Address: _____ Phone: _____ Email: _____

5. Member of SJUMC? Yes No

If no, indicate name of the church you are affiliated with: _____

(Please know that there are fees for non-members. See schedule of Fees and Honoraria.)

6. Is deceased a Veteran of the U.S. Armed Services? Yes No

If yes, does the family wish the flag to be formally presented during the service? Yes No

7. List the names of the immediate family members including cell numbers and e-mail addresses:

(Use additional paper if needed.)

Spouse: _____

Children & Spouses, if applicable: _____

8. List the name of Funeral Home/Mortuary: _____

Check One: Open Casket Closed Casket Service

No Casket Cremation

9. Date of Service: _____ Time of Service: _____ A.M./P.M.
 Check One: Funeral Service (Casket) Memorial Service (No Casket)
10. Will another organization be involved in planning the service? Yes No
 If yes, name of organization: _____
11. Name of Officiating Minister(s): _____
12. Name of Person(s) Giving Eulogy: _____
 Other Speakers: _____
13. Pall Bearers (if applicable, 6 people needed):

14. Number of pews to be reserved for family/relatives: _____
 (Each pew holds approximately 10 people.)
15. Guest Book Attendants:

16. Organizations to be Represented in Floral Tributes:

17. Name of Organist/Pianist: _____
 Name(s) of Other Musician(s): _____
18. Selection of Hymns: _____
19. Name of Person Giving Words of Appreciation on Behalf of Family:

20. Reception in the SJUMC Social Hall or SJUMC Multicultural Hall after the Service? Yes No
21. Has the family decided on the food for the reception? Yes No
22. Does the *non-member family* understand that they are responsible for:
 Providing the tea, coffee, soda/punch, ice including paper plates, napkins,
 forks, chopsticks, cups, plastic wrap and/or aluminum foil, etc.? N/A Yes No

23. Does the *member family* understand that they are responsible for:

Providing the tea, coffee, soda/punch and ice

N/A Yes No

24. Additional Notes & Comments: _____

Program Bulletin

1. Are you going to print with pictures? Or do you want the church to print?

Yes, I will print.

No, church will print. Please answer the following questions.

a. What color of paper would you like to be printed on? _____

b. How many bulletins to print? _____

c. Would you like to change the clip art on the front page? Yes No

d. Are you going to have an insert with pictures and biography? Yes No

Please provide Names for #2 to #5.

2. Lighting of the Candles (generally young people): _____

3. Eulogy: _____

4. Remembrances: _____

5. Family Words of Appreciation: _____

6. What hymns and verses would you like to have (generally two hymns)? _____

7. Would you like to have floral tributes? No Yes, please list all organizations and names.

8. Do you have a preference for a scripture or would you like the Pastor to select one?

No, Pastor can select one.

Yes, scripture is: _____

9. Would you like to have a special presentation? No Yes, please specify: _____

a. Slide show (3-5 minutes) with music (CD/MP3 or Organist)

b. Poem and/or special music by family member/friend

10. Would you like to include the Lord's Prayer? No Yes

11. Would you like to include a Presentation of Flag? No Yes

12. Do you know when the Burial/Committal will be? No Yes, date is _____