

Memorial Service Information Form

Candlelight Christian Fellowship

All information will be kept confidential by Candlelight Staff

***Please Note: Additional charges may be incurred if the deceased is not a relative of a Candlelight member.
Please fill out a Facility Use Form to accompany this form and see Candlelight's CCF Building Rates.***

Today's Date: _____

Requestor for Memorial:

Last Name: _____ First Name: _____

Home Phone #: _____ Cell #: _____ Email: _____

Are you a member of Candlelight? Yes No

Deceased Information:

Last Name: _____ First Name: _____

Birth Date: _____ Death Date: _____

Was the deceased a relative or friend? Relative Friend If he/she was a friend, did they attend Candlelight? Yes No

Memorial Information:

Funeral Home: _____ City: _____

Memorial Date at Candlelight: _____

Time (From/To): _____ Set-up time: _____

The number of adult guests expected: _____ The number of youth expected under age 18? _____

Do you wish for a Candlelight Pastor to officiate the funeral or memorial? Yes No If yes, name: _____

Will a visiting Pastor officiate or assist in the Memorial Service at Candlelight? Yes No

If yes, name: _____

Visiting Pastor Church Affiliation: _____ Phone #: _____

Use of room(s): Sanctuary Chapel (2nd Floor) Main Lobby Kitchen GYM

Do you have a piano player, singer or music? Yes No

Do you need any audio/visual? Video/DVD shown Computer/Projector Piano Record event Stream event

An honorarium for the Pastor is appropriate. See CCF Building Use Rates for other costs.

Please include any additional information:

Please Print Name: _____

Signature: _____

Date: _____