



St. Matthew
United Methodist Church

Funeral or Memorial Service Planning Form

Please call 480-838-7309 for immediate requests.

In Memory of...

First Name: _____ Middle Name (optional): _____

Last Name: _____

Responsible Contact Information/ Host

First Name: _____ Last Name: _____

Phone: _____ Alternate/Cell: _____

Email: _____

Funeral or Memorial Service Information/Requests

Funeral Memorial Service

Date: ____ / ____ / ____ Time: ____ : ____ AM / PM

Number of Attendees Expected: _____

Building Request(s) (at no charge): Chapel Sanctuary Activity Center Patio

How would you like to receive your complimentary taped record of service?

DVD (for pick-up) Emailed File via Dropbox (sent to email above)

Fees apply as follows, please mark your selection for each:

Full Services (Member): \$275

Full Services (Non-Member): \$375

	Applicable Fees	Amount Due	Select
Custodial Services	Member & Non-Member Fee	\$75	<input type="checkbox"/>
Organist	Member & Non-Member Fee	\$75	<input type="checkbox"/>
Sound Technician	Member & Non-Member Fee	\$75	<input type="checkbox"/>
Soloist (Vocalist or Pianist)	Member & Non-Member Fee	\$50	<input type="checkbox"/>
Pastor	Non-Member Fee Only	\$100	<input type="checkbox"/>
Printed Order of Worship Service	FREE!	\$0	<input type="checkbox"/>

****Please Make Check Payable to:
ST. MATTHEW UMC***

TOTAL DUE: _____

(TURN OVER)

OFFICE USE ONLY

Date Received:
____ / ____ / ____

Approved

Not-Approved

Entered into Calendar

Fees Received



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Interment

Date: _____ Time: _____ AM / PM _____

Location/Address: _____

Cremains Handled by: _____ Phone Number: _____

Optional Reception (provided and served by Helping Hands at no charge)

Number Anticipated: _____ Food Request: _____

Building Request(s): Activity Center Patio

Order in Schedule: Following Service Before Service Other: _____

Memorial Gifts

To be: Designated for: _____

Undesignated (use where helpful)

Please sign below in agreement to pay for all requested services :

Signature of Requester: _____ Date Signed: _____

Printed Name of Requester: _____

PLEASE EMAIL COMPLETED AND SIGNED FORM TO: OFFICE@STMATTHEWMESA.ORG

May also drop off in person during office hours or fax to 480-838-7354

or mail to: 2540 West Baseline Rd. Mesa, AZ 85202