



Saint John's

Evangelical Lutheran Church

Serve • Care • Worship • Learn

Funeral/Memorial Plans

Name of Deceased _____ Birth Date: _____ Death Date: _____

Member of Saint John's: Y or N

Immediate Survivor's Name: _____ Relationship: _____

Primary Contact Email _____ Phone _____

Funeral Home: _____ Phone _____

Address: _____ Funeral Planner: _____

Funeral or Memorial

Service Date _____ Time _____ Venue _____

Estimated Attendance: _____

Service Outline

Communion Y __ N __

Readings _____

Hymns/Songs _____

Service Music _____

Remembrances _____

Pall Bearers: _____

ADDITIONAL NOTES

<u>Fees</u>	Due:	Payment received:
Pastor Moore	\$200	
Travel Expense: Miles _____ X \$0.56/mile	_____	
Audio/Video:		
Production of Slideshow	\$50	
PowerPoint Service with Music	\$50	
Total to Pastor Moore	_____	_____
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Organist/Choir Director	\$200	
Total to Allen Artz	_____	_____
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Audio/Video Operator	\$75	_____
Service Bulletins/per 100	\$25	_____
Use of Fellowship Hall		
100 – 150 people	\$300	
Contact Hospitality Group Leader for assistance:	Deb Scheidt	debscheidt@comcast.com (610) 468-5923
Custodian Fee	\$100	
Total to Saint John's Lutheran Church	_____	_____

NOTES

1. A custodian or responsible person of St. John's must be present at all times for security purposes.
2. If the kitchen will be used for cooking/preparing food an additional fee of \$50 will apply.
3. Only table decorations are permitted. No tacking or taping to walls, windows or ceilings.
4. Renter is responsible for removing decorations, table covers, dishes and any food.
5. Alcohol is not permitted on the church property.
6. The church reserves the right to cancel or end the event if guests or members of the party arrive inebriated or behave in any way that jeopardizes the dignity or integrity of Saint John's Church.
7. Payment for any damages to the church property caused by members at this function will be the sole responsibility of the person entering into this agreement.

Church Official: _____

Date: _____

Surviving Family Member: _____

Date: _____