

Unitarian Universalist Church of the
Treasure Coast
21 SE Central Parkway
Stuart, FL 34994
info@tcuuc.org
772.223.5020

Memorial Service Form



Please read the *Use Policies and Renter Responsibilities*, and fill out *Form A (Facilities Use Request)* along with this form.

Date of Memorial: _____ Time: _____

Contact Information

Name of family contact: _____

Address: _____ City/state/zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Name of service/reception contact: _____

Address: _____ City/state/zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Contact information for minister (if not Rev. Paul Johnson): _____

Contact information for organist (if not Jim Rickson): _____

Florist: _____

Caterer: _____

Funeral home: _____

Facilities Use

☐ Sanctuary ☐ Fellowship Building for reception

Please complete Form A (Facilities Use Request) also.

— IMPORTANT —

Your security deposit and this form, along with Form A, are required for confirmation of your memorial reservation.

I have read the *Use Policies and Renter Responsibilities*, understand the rules set forth within, and agree to abide by them:

SIGNED: _____ DATED: _____

To be completed by church office: Security Deposit: \$ _____ Received: _____ By: _____
Facilities Payment: \$ _____ Received: _____ By: _____