



**Unitarian Universalist
Church of Minnetonka**

Memorial or Funeral Service Planning Guidance

Unitarian Universalist Church of Minnetonka (UUCM)

2030 Wayzata Blvd East, Wayzata, MN 55391

Reverend Kent Hemmen Saleska, Minister

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Name and address of person completing the form:

Full Name of Person for whom the service is being planned:

Date of Birth: _____ **Place of Birth:** _____

Current Place of Residence:

Phone No. of Residence: _____

Veteran? Yes: _____ **No:** _____

If Yes, Branch of Service: _____ **Rank:** _____ **Serial No:** _____

Full Name of Spouse or Partner: _____

Address of Spouse or Partner: _____

Spouse or Partner Contact Phone No _____ **E-Mail:** _____

Names of Children:

_____ **Phone No:** _____ **E-Mail:** _____

_____ **Phone No:** _____ **E-Mail:** _____

_____ **Phone No:** _____ **E-Mail:** _____

_____ **Phone No:** _____ **E-Mail:** _____

I prefer that the remembrance service be held at: UUCM Other _____

I prefer that my remains be:

cremated.

If cremated where do you wish the remains to be placed?

columbarium cemetery plot other _____

If a columbarium or cemetery plot, do you have a deed or contract? yes no

Where is the deed or contract kept? _____

placed in a casket and buried. Where is the buried plot? _____

Do you have a deed or contract? Yes No

Where is the deed or contract kept? _____

donated to science (advance arrangements needed) full body donation organ donation

Please provide details.

I prefer that the following cremation service or funeral home handle the arrangements:

Name: _____

Address: _____

Phone No: _____

Have you made pre-arrangements with this firm? Yes No

Have you paid for these services in advance? Yes No

I prefer memorials to be in the form of: Flowers Gifts to UUCM

Gifts to other charities or other institutions: _____

I would like there to be a time for a gathering/visitation with family and friends prior to the memorial service.

Yes No

If yes, where would you like this to be held: UUCM funeral home other

Comments: _____

Do you wish the casket or urn to be present at a gathering prior to the service? [Yes] [No]

If a casket is present, do you wish the casket to be open at the gathering? [] Yes [] No

I prefer that there be a gathering of family and friends following the service. [] Yes [] No

Where would you like the gathering to be held? [] UUCM [] Other _____

I would like this after service gathering time to include [] light refreshments [] a catered meal

I would like the urn/casket to be present at the remembrance service [] Yes [] No

I would like the following to be read (scriptures, poem etc.) _____

I would like the following hymns to be sung: _____

I would like the following musical selections to be played or sung:

I would like the musical selections to be played or sung by: _____

I would like the following persons to participate in leading the service by giving a remembrance (tribute or eulogy) by reading scripture or another reading.

Name: _____ [] remembrance [] reading]

Name: _____ [] remembrance [] reading

Name: _____ [] remembrance [] reading

I would like the following reading (s) included in my service:

I prefer memorials to be in the form of: Flowers Gifts to UUCM: Gifts to other charities or institutions: _____

Other suggestions or requests for my service: _____

These suggestions are made in a spirit of helpfulness. While it is my wish that the above suggestions be carried out, I understand that the preferences of my family or practices of my church may prevail.

Signature

Date