

# United Church of Christ Federated

4 Church Street, Webster, MA



## FUNERAL REQUEST

DATE OF FUNERAL:		TIME:	
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DECEASED FIRST AND MIDDLE NAME:		DECEASED LAST NAME:	
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DOB:		DATE OF DEATH:	
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MEMBER       NON-MEMBER

FUNERAL HOME:	
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CONTACT FIRST NAME:		LAST NAME:	
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RELATION TO DECEASED:	
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CONTACT EMAIL ADDRESS:	
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CELL PHONE:	
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OTHER CONTACTS:	
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CALLING HOURS	<input type="checkbox"/> Yes <input type="checkbox"/> No	DAYS AND TIMES	
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LOCATION:	<input type="checkbox"/> SANCTUARY <input type="checkbox"/> INTERMENT FOLLOWS <input type="checkbox"/> GRAVESIDE <input type="checkbox"/> OTHER: _____
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CEMETERY:  
ADDRESS:

CASKET     URN

EXPECTED NUMBER OF PEOPLE:	
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**ROOMS NEEDED:**

SANCTUARY       CHAPEL       HALL       KITCHEN       OTHER \_\_\_\_\_

**MUSIC:**

ORGANIST/PIANIST: \_\_\_\_\_       SOLOIST: \_\_\_\_\_

**MUSIC / SPECIAL REQUEST:**

**READINGS:**

**COLLATION:**

**OTHER REQUESTS:**