

Funeral / Memorial Service Planning

METROPOLITAN COMMUNITY CHURCH OF TORONTO

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Funeral / Memorial Service Information Sheet

Date this form was completed: _____

Full name: _____

Name to be used in the service: _____

Date of birth: _____ Date of death: _____

Executor's name: _____

Phone numbers: () _____ - _____ res. () _____ - _____ bus.

Date of service: _____ Time: _____

Location: _____

Funeral Home: _____

Contact person: _____

Visitation Dates & Times, and other details: _____

Burial Cremation

Committal location: _____ Date/Time: _____

Presider requested: _____

Flowers

Flowers left for Sunday Service

Dedication in Sunday News/Announcements

How to refer to loved one, Cause of Death, etc: _____

Key family members, friends to be present:

Key groups likely to be present: _____

Photographs present: [] One Photograph [] Collage of Photographs

Pall Bearers' Names: *(correct spelling)*

Others to involve in service *(ushers, etc...)*

Number of Orders of Service required: _____

How many seats to be reserved: _____ where? _____

DEATH

Register Information

(*Please Print*)

Name: _____
(Last) (First) (Middle)

Residence : _____
(Street Address) (Apt#)

(City) (Province) (Postal Code)

Gender: [] Male [] Female [] Other _____

Date of Birth: _____ | Date of Death: _____
(Day/Mth/Yr) (Day/Mth/Yr)

Funeral Services Held At:

Place of Burial: _____ Date of Burial: _____
(Day/Mth/Yr)

Spouse: _____
(Last) (First) (Middle)

Next of Kin: _____
(Last) (First) (Middle)

Officiating Clergy/Deacon Presiding: _____

Comments: _____

COMPLETE FORM AND RETURN TO THE OFFICE OF THE FUNERAL COORDINATOR AS SOON AS POSSIBLE.

Funeral / Memorial Service

Order of Service Form

Presider: _____

Pianist: *(if any)* _____

Organist: *(if any)* _____

Soloist: *(if any)* _____

Prelude: *(select one)* _____ []

_____ []

_____ []

Other: *(please specify)* _____ []

Reading: _____ *(favourite poem/scripture)*

to be ready by: _____

Reading: _____ *(favourite poem/scripture)*

to be read by: _____

Eulogists: *(in order of appearance, with full correct spelling of names)*

Closing Music: _____ []

_____ []

_____ []

_____ []

_____ []

Complete Service? [] Yes [] No

If interment later, presider requested? [] Yes [] No

Invite people to come to reception? [] Yes [] No

If yes, location: _____

Memorial Donation Info: (name of organization and address)

include MCC Toronto donation info? [] Yes [] No

Notes: _____

Funeral & Memorial Services FEES

Presiders Honorarium: Suggested minimum \$150 donation

Funeral/ Facilities Assistant: \$75 (*\$100 if there is a reception at MCC Toronto*)
Includes one hour before and one hour following the service.

Audio Technician: \$75

Facility Rental for Funeral or Memorial Receptions

Sanctuary: \$100

Social Hall or Room 109: \$150

*Fees payable to the "**Metropolitan Community Church Of Toronto**".*

Other Services

Organist / Pianist / Soloist: Request information. Fees are set by individual musicians.

Caterers: Request information. Fees are set by individual companies.

(RATES QUOTED ARE EFFECTIVE April 1, 2014 and are SUBJECT TO CHANGE WITHOUT NOTICE)

Notes for Individual Pre-Planning their Funeral

(this form should be kept with your legal documents)

Full Name: _____ Date form completed: _____

Additional issues when pre-planning your own funeral/memorial service:

(Remember that funeral/memorial services are for the living)

Ensure that a list of important contact numbers is in a place where they will be easily located in the event of emergency/death. (name & contact info)

Emergency contact: _____

Next of Kin: _____

Executor: _____

Power of Attorney: _____

Doctor: _____

Church: _____

Clearly indicate if your service has been pre-planned and if so, where the appropriate documents may be located. _____

Clearly state any information you would like included in your Obituary: _____

Arrangements have been/will be made with the following funeral home:

(name address & phone #): _____

Memorial Donations to: _____

(organization name and address)

Signature: _____ Date: _____