



BAY VIEW ASSOCIATION OF THE UNITED METHODIST CHURCH

Crouse Memorial Chapel
Application for Memorial or Funeral Service

Date of Service: _____ Time of Service: _____

Person for whom the service is to be held: _____

Name of Clergy person who will officiate this service: _____

Denomination: _____

Address: _____

Phone: _____ Email: _____

Bay View Member: _____

Relationship to the deceased: _____

Are the cremains to be placed in the Bay View Memorial Garden? (Y/N) _____

If so, date of their placement: _____ Time: _____

Person to be contacted regarding this service:

Name: _____

Address: _____

Phone: _____ Email: _____

For Office Use:

Approval by Director of Worship and Religious Life _____

Date scheduled _____ Date Fees Paid _____ Amount \$ _____

Date information sent to Altar Guild Co-Chairs _____

PLEASE COMPLETE OTHER SIDE

PLEASE CHECK ALL THAT APPLY

Musicians:

- ☐ There will be music
- ☐ The piano will be needed
- ☐ The organ will be needed
- ☐ They will perform from the sanctuary
- ☐ They will perform from the balcony
- ☐ Additional chairs will be needed for musicians (If yes, please answer below)
- Number _____ Placement _____

Names of Musicians:

_____	_____
_____	_____

Would you like:

- ☐ A stand microphone
- ☐ A wireless microphone
- ☐ The CD player for your provided music
- ☐ Communion served - grape juice and bread will be provided by the Altar Guild
- ☐ A stand for a Guest Book
- ☐ Seating to be roped off (If yes, please answer below)
- Number of rows on left side _____ on right side _____