



MONTGOMERY UNITED METHODIST CHURCH

"GROWING IN CHRIST, SHARING HIS LOVE"

MONTGOMERY UNITED METHODIST CHURCH

Application for Scheduling a Funeral

Requested Date: _____

Time: _____

Family

Deceased Name: _____

Surviving Spouse/Family Member:

Funeral Home: _____

Church Member: _____

Non-Member/Church Affiliation:

Official

Pastor: _____

Other: _____

Approval: _____



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Music

Hymns: _____

Guest Musician: _____

Pianist: _____

Organist: _____

Approval (If needed): _____

Video Presentations

Yes: _____ Type: _____

Received by MUMC:

Date: _____ by: _____

Decorations

Type and Set Up Required:

Fees will be in accordance with the Facility Usage Fee Schedule



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Approval

Authorized MUMC Representative: _____

I have read and understand all provisions of the Montgomery United Methodist Church Funeral Policy and Montgomery United Methodist Church Facility Usage Fee Schedule and agree to fully comply.

I also understand that failure to comply with the policy and/or fee schedule can/will result in the cancellation of my privilege to use the facility and/or forfeiture of my refundable deposits.

Responsible Party