



FUNERAL PLANNING

This document has been designed to serve as a guide. Persons desiring to hold a Memorial Service or Funeral at The Urban Refuge (5501 Chicago Ave.) should schedule a meeting with an Urban Refuge pastor of their choice and go through this document.

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Name of Deceased: _____ **Date of Death:** _____

Deceased's Relationship with The Urban Refuge: _____

Contact Name: _____

Relationship to the Deceased: _____

Contact: (Work): _____ (Home): _____ (Cell): _____

FUNERAL INFORMATION

Funeral Memorial Service

Funeral Home & Address: _____

Cremation Closed Casket Open Casket

Visitation at The Urban Refuge? Yes No

__ **Evening before funeral**

Date: _____ Start Time: _____ End Time: _____

Estimated number in attendance: _____

Reserve Facility: Sanctuary Other: _____

__ **Day of funeral**

Date: _____ Start Time: _____ End Time: _____

Version #2 01-18-11

Estimated number in attendance: _____

Reserve Facility: Sanctuary Other: _____

Funeral/Memorial Service at The Urban Refuge

Date: _____ Start Time: _____ End Time: _____

Estimated Number in Attendance: _____

Reserve Facility: Sanctuary Fireside Room

Officiating Pastor: _____ Phone Number: _____

Live Music? Yes No

Music Provided by: _____ Phone Number: _____

Schedule Sanctuary Technicians:

Sound technician: _____ Phone Number: _____

Projector technician: _____ Phone Number: _____

Any special decorations for the sanctuary? Yes No

If yes, what? _____

Who will provide: _____ Phone Number: _____

Service Content

Prayers: _____

Music: _____

Scripture: _____

Message: _____

Eulogies: _____

Other: _____

Church to provide funeral/memorial service program? Yes No

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If yes, who will provide content: _____ Phone Number: _____

____ # of copies needed

After Service Reception at The Urban Refuge? Yes No

Note: reception in the Fellowship Hall is limited to seating for 250 people; luncheon provider will need to provide paper plates, cups, utensils, paper napkins, table cloths, serving utensils, serving plates, coffee makers, coffee and all condiments.

- Catered luncheon (*provided by family*)
- HEART Ministry volunteers provide luncheon (*subject to volunteer availability*)
- Catered reception (limited to beverages, bars, cake, cookies, etc.) (*provided by family*)
- HEART Ministry volunteers provide reception (limited to beverages, bars, cake, cookies, etc.) (*subject to volunteer availability*)

Reception Contact: _____ Phone Number: _____

Estimated Number in Attendance: _____

Reserve Facility: Fellowship Hall Kitchen

Flowers

- Members of the deceased's family will remove all flowers from the church after the service
- Family will leave flowers for The Urban Refuge's use and disposal
- Other: _____

Interment

Date: _____ Start Time: _____ End Time: _____

Location: _____

Officiating Pastor: _____ Phone Number: _____

Fees

	Urban Refuge Members	Urban Refuge Attendees	Non- Attendees
Visitation-Sanctuary <i>(if night before service)</i>	No charge	No charge	\$40
Service – Sanctuary	No charge	No charge	\$150
Reception – Fellowship Hall	No charge	No charge	\$40
Reception – Kitchen	No charge	No charge	Included
Funeral Facility Coordinator	\$100	\$100	\$100
Urban Refuge Projector Technician	\$75	\$75	\$75
Urban Refuge Sound Technician	\$100	\$100	\$100
Custodian – Sanctuary	\$100	\$100	\$100
Custodian – Reception	\$100	\$100	\$100

Total Fees Due: \$ _____

Checks should be made out to: The Urban Refuge

PASTOR – CHECKLIST

- ___ Make facility reservations for visitation/funeral/reception
- ___ Contact sound/projection technicians
- ___ Notify church office of funeral date/time so office can handle inquiries
- ___ Notify church office if church is to provide funeral/memorial service programs
- ___ If necessary, schedule custodial assistance
- ___ Turn in check for fees to Jim Bird, Finance Director