

Chapel Requirements

BOOKING DETAILS:

At _____ Cemetery
Day: _____ Date: _____ Time: _____

DECEASED'S DETAILS:

Mr Mrs Ms Miss Gender: Male Female

Full name of deceased: _____

FUNERAL DIRECTORS DETAILS:

Company: _____ Funeral Director: _____
Phone: _____ Mobile: _____

OFFICIANT'S DETAILS:

Name: _____ Phone/Mobile: _____

SERVICE INFORMATION:

Approximate number attending service: _____ Wheelchair / Walker: _____
Reserved seating: _____ Left: (x Rows) _____ Right: (x Rows) _____ RSA: _____ Religion: _____

NORTH SHORE MEMORIAL PARK

Visual: DVD DVD / Movie format
Audio: Original CDs Burned CDs
Recording of service: Webcasting USB / External Drive

WAIKUMETE CEMETERY & CREMATORIUM

Visual: DVD / Movie format Individual Digital Photos
Audio: Original CDs Burned CDs
Recording of service: Webcasting USB / External Drive

MANUKAU MEMORIAL GARDENS

Chapel Bob White F/L
Visual: Movie format DVD Microsoft PowerPoint Other
Audio: Original CDs Burned CDs iPod / MP3 Player USB files
Recording of Service: Webcasting USB / External Drive

ADDITIONAL INFORMATION:

Testing Media for Chapel Services – OFFICE USE ONLY

CONTACT DETAILS:

Name: _____ Relationship to deceased: _____

Mobile / Phone: _____ Email: _____

Additional Contact Information: e.g. best time to call _____

MUSIC:

To be played: _____ Supplied on: _____

Song Title: _____

Additional instructions: _____

Tested:

In Chapel using: _____ by: _____

In Office using: _____ *computer* by: _____

PHOTOS / MOVIE / SLIDESHOW:

To be played: _____ Supplied on: _____

File Name: _____

File Name: _____

File Name: _____

Additional instructions: _____

Tested:

In Chapel using: _____ by: _____

In Office using: _____ *computer* by: _____