

Winchester Unitarian Society

478 Main Street, Winchester, MA 01890 (781) 729-0949 www.winchesteruu.org

MEMORIAL AGREEMENT

Date of request: _____

Service date: _____ Service time: _____

Name of deceased: _____

Name of person requesting service: _____

Address: _____

Phone: _____

Email: _____

Church affiliation if any: _____

Florist (Family responsible for cost): _____

Number of guests expected: _____

Fees (check all appropriate)

Payable directly to the minister, music director, soloist or sexton:

_____ Minister | No cost for member; cost for non-members | **Payable to Seth Carrier-Ladd**

_____ Music Director (Pianist) | \$300 | **Payable to John Kramer**

_____ Soloist | \$125 | **Payable to [name of soloist]**

_____ Sexton (Custodian) | \$140 **Payable to [name of sexton]**

_____ Livestream Technician (for remote/virtual attendance) | \$90 | **Payable to [Name of tech]**

Payable to Winchester Unitarian:

_____ Sanctuary/Chapel for Service | No cost for members; for non-members, rental rates apply*

_____ Building Use for Reception | No cost for members; for non-members, rental rates apply*

_____ Kitchen Use for Catering | No cost for members; for non-members, rental rates apply*

_____ TOTAL to Winchester Unitarian Society

Once the Administrator has checked the calendar and the Minister has agreed to the date, a deposit of \$50 is required to reserve the space. The balance of the payment is due on the date of the service.

I have read and understand the memorial and building use policies of the Winchester Unitarian Society and agree to abide by them.

Signature _____ Date _____

Signature of Administrator _____ Date _____

Please sign, date and mail them to the church. Alternatively, you can scan and email a signed copy to office@winchesteruu.org, and a signed copy from the Administrator will be scanned and emailed back to you.

For office use (enter initials)
Amt of deposit received
Date deposit received
Amt of balance due
Date balance received