



**First Presbyterian Church**  
37 South Market Street  
Johnstown, New York 12095  
(518) 762-8263

Date Submitted: \_\_\_\_\_

## Funeral or Celebration of Life Service

### *Information for Planning*

Name of Deceased: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Funeral: \_\_\_\_\_ Time of Funeral: \_\_\_\_\_

Pastor: \_\_\_\_\_

Pastor Contact Information: \_\_\_\_\_

### **Location of Service** (*Check all that apply*)

- ☐ First Presbyterian Church Sanctuary ☐ Other Location  
☐ Service at Church Only ☐ Graveside Service Only ☐ Service at Church and Graveside

Location of Service if other than Church: \_\_\_\_\_

Other Location Address: \_\_\_\_\_

Cemetery: \_\_\_\_\_ City: \_\_\_\_\_

Will the Custodian be needed on site during the service? ☐ Yes ☐ No

Are you requesting the services of the Organist for the service? ☐ Yes ☐ No

### **Fees**

Pastor's Fee	TBD <i>for Church Service only</i> TBD <i>for Graveside only</i> TBD <i>for Church and Graveside Service</i>
Custodian ( <i>made payable to the custodian</i> )	\$100.00 <i>on site required for service with reception</i> \$ 50.00 <i>on site required for service without reception</i>
Organist's Fee ( <i>made payable to the organist</i> )	\$175.00
Additional Pastors	Covered by Family, as it is their special request

Belinda Vair, Organist

James Wright, Custodian

\_\_\_\_\_  
(Signature of person making the request)