

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: _____

All text and photos for the Order of Service are due to the Minister and Administrator three business days before the service, unless the family is producing and copying it.

Fees (check all appropriate)

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

____ Minister | No cost for members; for non-members, \$300-500 ***Payable to Seth Carrier-Ladd***

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

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

____ Sexton (Custodian) | \$35. per hour at minimum 4 hours ***Payable to [name of sexton]***

____ *Livestream Technician (For remote/virtual attendance) | \$80. ***Payable to [name of technician]****

Payable to Winchester Unitarian:

____ Sanctuary Use for Service | No cost for members; for non-members, \$375

____ Building Use for Reception | No cost for members; for non-members, regular rental rates apply

____ Kitchen Use for Catering | No cost for members; for non-members, regular rental rates apply

____ TOTAL to Winchester Unitarian Society

(continued on next side)

Once the Minister has agreed to the date and the Administrator has checked the calendar, 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 and date two copies and mail them to the church; one will be returned to you for your records. 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

Revised 6.2024