



# Unitarian Universalist Society of Oneonta

A welcoming community, nurturing spirit and working for a just and sustainable world.

## Celebration of Life Service Information Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your full name and pronouns as you would like it in print:

Your birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth:

☐ I would like a Celebration of Life service

☐ I do not want a Celebration of Life service

☐ I would like the Celebration of Life to be held at Chapin Memorial.

☐ I would like the Celebration of Life to be held at:

Key Family Contact Name and Pronouns #1:

Key Family Contact Phone:

Key Family Contact Email:

Key Family Contact Name and Pronouns #2:

Key Family Contact Phone:

Key Family Contact Email:

**For my service I would like the following:**

☐ The current minister should lead the service.

☐ I would like the following person to lead the service\*:

I would like the following individual(s) to give the eulogy\*:  
Please include pronouns.

Favorite hymns:

Favorite poems or readings (name and author):

I would like the following music played at the end of the service:

Other requests:

In published notices, in lieu of flowers, I would like donations made to:

☐ UUSO and/or ☐ Other organization(s):