



Chaminade University

OF HONOLULU

Mystical Rose Oratory Reservation Form for **FUNERALS**

Name of Contact Person (Full Name): _____

Contact Information: Phone: _____

Email: _____

Mailing Address: _____
(Street Address, City, State, Zip Code)

Type of Funeral: Memorial Prayer Service Funeral Mass

Will there be a: Casket Urn

Date of the Funeral: _____ Will there be a Wake/Visitation Yes No
Before the Funeral:

Time of Wake/Visitation: _____ Time of Funeral Service: _____
(Include time for set-up and clean up)

Equipment needs: Extra Microphone Projector, Screen
(Equipment is limited. We will try our best to supply you with any equipment we already have.
If we cannot provide you with what you need we will inform you.)

Will you need the downstairs Conference Room: Yes No

Relationship of the deceased to Chaminade University: _____

Name of Priest _____ Priest
Officiating: _____ Signature: _____

*(A \$500 minimum, non-refundable donation is requested. This is separate from the priest's stipend.
Checks should be payable to: **The Marianist Center of Hawaii**. Mail your check and form to:
Campus Ministry, Mystical Rose Reservations, 3140 Waialae Ave, Honolulu, HI 96816.
Funeral reservations will be confirmed by the Marianist Center after the fee is received.)*

TO BE COMPLETED BY CAMPUS MINISTRY

Sacristan: _____ Staff for Set-Up: _____