



# PATIO OF MEMORIES REMEMBRANCE CEREMONY REQUEST FORM

Ceremony In Honor of : \_\_\_\_\_

Requested Date for Ceremony (1st Choice): \_\_\_\_\_ Requested Time: \_\_\_\_\_  
Requested Date for Ceremony (2nd Choice): \_\_\_\_\_ Requested Time: \_\_\_\_\_

\*Please note that ceremonies are held Fridays at Hospice House and that ceremony dates and times may be subject to staff availability.

If yes, would you like the chaplain to provide opening and closing prayers? (Circle) Yes  No

Please list any additional prayers/reflections you would like to have read:

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Please specify any readings you would like to have for the ceremony and who you would like to read them:

Reading: \_\_\_\_\_ Reader: \_\_\_\_\_

Reading: \_\_\_\_\_ Reader: \_\_\_\_\_

Reading: \_\_\_\_\_ Reader: \_\_\_\_\_

Reading: \_\_\_\_\_ Reader: \_\_\_\_\_

Please list any other details you would like to include in the ceremony:

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I would like the brick paver to be installed (Circle):  During the Ceremony  After the Ceremony  N/A

Please complete the Patio of Memories Brick Paver Order Form found online at: <https://williamsburghospice.org/patio-of-memories-brick-pavers/>

The estimated number of attending individuals is: \_\_\_\_\_

Requested date/time to meet with Hospice House Chaplain to discuss ceremony: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Terms & Conditions:

I, \_\_\_\_\_, understand that I am responsible for notifying any and all attendees of the scheduled date and time of this ceremony. I understand that I am responsible for notifying HHSCW of any changes to the date and time of the scheduled ceremony no later than 7 days in advance of such a change. I understand that while on the premises, my party and I are to abide by all facility rules and requests of HHSCW staff. I understand that failure from either myself or my party to adhere to such rules and requests could result in the cancellation of my scheduled ceremony. Suggested ceremony donation is: **\$400**.

Donation Enclosed: \$ \_\_\_\_\_

or go to <https://williamsburghospice.org/donate/> to make a gift online.

For administrative purposes, please write "Patio of Memories Remembrance Ceremony" in the "Additional Comments" section on the online donation form. All donations are tax-deductible, to the fullest extent of the law. Because HHSCW does not charge a fee for its services, nor does it receive reimbursement from private insurance, Medicaid or Medicare, your gift makes an immediate impact on the individuals and families we serve.

Signed: \_\_\_\_\_

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