

FUNERAL APPLICATION

DATE OF APPLICATION _____
DECEASED

First Middle Last
Gender: _____ Age: _____
Address of Residence: _____
Date of Birth: _____ Place of Birth: _____
Date of Death: _____ Place of Death: _____
Occupation: _____ Religious Affiliation: _____
KS Affiliation: KS Graduate KS Staff Retired Staff Year: _____
Year: _____ Dept: _____ Dept: _____
Family of KS Grad/Staff - Name: _____
Relationship: _____ Dept.: _____ Year: _____

SURVIVORS

Spouse: _____
Children: _____
Grandchildren: _____
Surviving Parents: _____
Siblings: _____

CONTACT PERSON

Name: _____ Telephone: _____
Address: _____ State: _____ Zip: _____ Email: _____

MORTUARY NAME

Contact Name: _____ Email: _____ Telephone: _____
Type: Urn Mortuary Arrival Time: _____

‘OHANA MEETING

Meeting Place: **Bernice Pauahi Bishop Memorial Chapel at Kamehameha Schools (Conference Room)**
Meeting Date: Day: _____ Date: _____ Time: _____

FUNERAL SERVICE Bernice Pauahi Bishop Memorial Chapel Sanctuary

Service Date: Day: _____ Date: _____ Time: _____
Family Arrival/Set-up: _____ Service Time: _____
Family Visitation _____ Clean-up/Departure: _____
(Private): _____
Public Visitation: _____

PLEASE CONTACT THE MINISTER DIRECTLY TO ARRANGE THESE SERVICES

COMMITTAL SERVICE

Date: _____ Time: _____ Place: _____

SCATTERING OF ASHES

Date: _____ Time: _____ Place: _____

CHAPEL FEES \$500 * Due at the time of the ‘Ohana Meeting

(Over)

Statement Indemnifying Against Liability Claim

The undersigned individual(s), group and/or organization, his, its or their heirs, personal representatives, successors and permitted assigns, for and in consideration of the Kamehameha Schools ("KS") permitting and allowing the use of the site designated herein jointly and severally agree(s) to indemnify, defend, and hold forever harmless The Kamehameha Schools and its Trustees, employees and agents against any and all loss, liability, demands, claims, suits, actions or proceedings of every name, character and description (including but not limited to attorney's fees and costs which may be suffered or incurred by or brought against KS for or on account of any injuries, wrongful death or damages to any person(s) or property arising directly or indirectly, by or in consequence of the use of or any activity conducted on the designated site or any other KS facility by the undersigned individual(s), group and/or organization. The undersigned hereby certifies that prior to signing on the line provided; it has carefully inspected the site designated herein and accepts the same "as is."

The undersigned further assumes all risks of injury arising out of any condition with the designated site, or in or on any other KS facility, whether such condition is latent or apparent, and waives any and all claims against KS for any injury to person or property which may be sustained by the undersigned as a result of the undersigned's use of the designated site or any other KS facility. The undersigned understands and acknowledges that KS makes no representation or assurance that the designated site or any other KS facility is safe or fit for the undersigned intended use, and the undersigned agrees that the undersigned will be solely responsible for making all appropriate arrangements to ensure that the designated site or other KS facility is safe and fit for the undersigned's intended use.

Any and all physical damage to KS facilities and/or property arising directly or indirectly out of the undersigned's use of the facility shall be repaired and/or replaced by the undersigned within ten days from the event date. In the event that the undersigned fails to satisfactorily repair and/or replace the damage within such period, KS, without waiving any rights, may undertake to repair and/or replace such damage, and the undersigned agrees to reimburse KS for all actual costs incurred plus an administrative cost of 10% of the actual costs, within five days after receipt of the bill.

We have read and understand the Guidelines for Funerals/Memorial Services at the Bernice Pauahi Bishop Memorial Chapel and further agree to be bound by the policies set forth therein.

Signature of Contact Person/Family Representative: _____

Date: _____

*Please fax or mail this signed application to:

**The Chaplain's Office
Kamehameha Schools
1887 Makuakane Street
Honolulu, HI 96817**