



39th Annual

A Rose for Remembrance

Honor your loved one at this interdenominational memorial service, presented by St. Francis Hospice. Uplifting, heartfelt messages from compassionate leaders.

Friday, October 24th, 2025 6:30 PM
Kupuna Village Courtyard
2230 Liliha Street, Honolulu, Hawai'i

Parking available in structure. Please allow extra time to park.

FEATURING



Rev. David Fujimoto, BCC

*Resident Minister
Mō'ili'ili Hongwanji &
Overseeing Minister
'Ewa Hongwanji*



Kahu Kaleo Patterson

*Vicar, St. Stephen's,
Wahiawa
President, Pacific Justice
and Reconciliation Center*



Sister Geraldine Ching

*A Sister of St. Francis
of the Neumann
Communities*



Nick Sierra

*Musical
Entertainment*

RSVP TODAY

Mail: Complete the enclosed form to RSVP and postmark by Friday, October 10th. Pre-addressed envelope enclosed OR

Email: Complete our RSVP form by Monday, October 13th.

Email to bereavement@stfrancishawaii.org.

For questions, please contact the St. Francis Bereavement Team at (808) 547-6500 or bereavement@stfrancishawaii.org



St. Francis

HEALTHCARE SYSTEM OF HAWAII

39th Annual

A Rose for Remembrance

Friday, October 24th, 2025 6:30 PM | Kupuna Village Courtyard

Let us celebrate the memory of your loved ones. To register, either call (808) 547-6500, complete this form and mail in the enclosed pre-addressed envelope, OR submit form to bereavement@stfrancishawaii.org. You may also email 1-3 photos per loved one to be displayed on the event slideshow.

Loved One(s) to be Remembered

1. Name of the Deceased

Last Name

First Name

2. Name of the Deceased

Last Name

First Name

3. Name of the Deceased

Last Name

First Name

4. Name of the Deceased

Last Name

First Name

☒ I give permission for St. Francis Healthcare System of Hawai'i to feature the names and any submitted photos of my loved ones during the upcoming A Rose for Remembrance event.

Your Signature _____

Guest Information

Total number of those attending, including myself: _____

Accommodations required, if any: _____

Contact Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email address _____