

A Rose for Remembrance

Friday, May 8th, 2026 at 6:30 PM | Kupuna Village Courtyard

Let us celebrate the memory of your loved ones. To register, either call (808) 547-6500, press 5 and say, "Rose for Remembrance," OR submit this 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 _____



St. Francis Hospice