



Bereavement Notification Form

Today's Date: _____

Members who have experienced the loss of a loved one can notify the church of the arrangements via this form.

Your Name: _____

Your Congregational Care House: _____

Phone Number: _____ Cell: _____

Deceased Name: _____

Relation of deceased to church member (please check appropriate box)

Spouse Sibling Parent Child Member Other _____

Contact Person: _____

Phone Number: _____

FUNERAL ARRANGEMENTS

Date of Viewing _____ Time of Viewing _____

Date of Funeral _____ Time of Funeral _____

Location of Funeral: _____

Phone Number: _____ Fax: _____

Professional Services: _____

Phone Number: _____ Fax: _____