

Bethany Missionary Baptist Church

Homegoing Service Request

Date Requested: _____ Time Requested: _____

Member: Non-Member: Contact Person: _____

Phone: _____ Cell: _____

Relationship to the Deceased: Spouse Parent Grandparent Child Sibling Self Other

If other please specify: _____

NON-MEMBERS RENT THE FACILITY ONLY. NON-MEMBERS WILL BE REQUIRED TO PROVIDED MUSCIAN, FOOD, PAPER GOODS, TABLECLOTHS AND ALL ITEMS USED DURING THE REPAST.

Name of Deceased: _____

Requested Officiating Minister/Church: _____

Wake/Viewing: Yes No Date: _____ Time: _____

Location: _____

Resolution Needed: Yes No Prepared By: _____

Funeral Home: _____

Funeral Home Address: _____ Zip _____

Funeral Home Contact: _____ Phone: _____

Time Deceased with be delivered to the Church: _____

Name of Florist: _____

Florist Address: _____ Zip _____

Florist Contact: _____ Phone: _____

Requested: Standing Spray Floral Arrangement Potted Plant

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THIS PORTION OF THE FORM DOES NOT APPLY TO NON-MEMBERS

Church Staff Notified Yes No N/A

If yes, who did you speak to _____

Traffic & Safety Needed Yes No N/A

Ushers Needed Yes No N/A

Hospitality Needed Yes No N/A

Musicians Needed Yes No N/A

Choir Needed Yes No N/A

Media Needed Yes No N/A

Will Dinner be Served at Church Yes No N/A

If yes, Family Size 50 ppl 75ppl 100 ppl

STAFF USE ONLY

Pastor Contacted: _____

Deacon Contacted: _____

Musician Contacted: _____