



BEREAVEMENT FORM

MACEDONIA MISSIONARY BAPTIST CHURCH BEREAVEMENT FORM

As your family, we desire to be there for you in your time of bereavement. Please complete the form below to report your loss. Our office will be in touch with you to follow-up with any questions or to schedule an appointment to plan arrangements for the Going Home Service.

Date Reported: _____

Reported By: _____

Deceased Name: _____

Your Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Membership: Member _____ Non-Member _____

Date of Death: _____

Age of Deceased:(Full Date of Birth) _____

Deceased's Family Members

Funeral Home: (name, address, city/state/zip)

Visitation Date: _____ Visitation Time: _____

Funeral Date: _____ Funeral Time: _____

Would you like to receive a resolution letter? Yes: _____ No: _____

Funeral Location (address, city/state/zip)

PLEASE SUBMIT FORM TO CHURCH OFFICE AFTER COMPLETED