



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: _____

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: _____

Please email this form to the administration office (866)556-5241 or rolmichurch@yahoo.com