

Homegoing Information Sheet

Name of Deceased _____

Name of Immediate Family Members _____

Home Church of Deceased _____

Home Church of Immediate family _____

Date of Service _____

Time of Service _____

Place of Service _____

Address of Service _____

City and State _____

Officiate/Minister _____

Organist/Pianist _____

Other Musician _____

Soloist _____

Funeral Home _____

Place of Burial _____

Time of Burial _____

Address of Burial _____

City and State _____

Repass Coordinator _____

Repass Coordinator Phone _____

*please attach sheet to building request packet