

St. Paul CME Church Bereavement Form

Name of Deceased _____

Date of Death _____

Next of Kin _____ Relationship _____

Address _____

Telephone _____

How long a member of St. Paul _____

Boards/Auxilliaris _____

Other family members who are members of St. Paul _____

Occupation/Profession _____

Tentative Date of Service _____ Time _____

Officiant _____

Funeral Home _____

Interment _____

Repast Request _____

Special Instructions/Information _____

Notes _____