



## Bereavement Form

### Personal Information

Name of Deceased			
Member of Pine Grove	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date Service Requested			
Time Service Requested			
Will a visitation be held?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, time requested _____
Will a repast be held?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Type of Service

Which type of service are you requesting?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Funeral   | <input type="checkbox"/> Public                 |
| <input type="checkbox"/> Memorial  | <input type="checkbox"/> Private                |
| <input type="checkbox"/> Graveside | <input type="checkbox"/> Other (Please specify) |

### Services Requested

Which of the following services will you require?

- Choir
- Ushers
- Fellowship Hall
- Deacons
- Ministers
- Cemetery

### Special Instructions

Please provide any special instructions or requests.

### Contact Person

Name	
Home Phone	
Work Phone	
E-Mail Address	

### For Office Use Only

Cost: