PRAYER CHAPEL FORM D

ANNOUNCEMENT OF BEREAVEMENT

DETAILS OF THE BEREAVED

NAME.....
SURNAME MIDDLE NAME FIRST NAME

OCCUPATION..... ARE YOU A CHURCH MEMBER? YES ☐ NO ☐

HOW LONG HAVE YOU BEEN A MEMBER?.....

WHAT IS YOUR INDEX NUMBER?..... DO YOU PAY YOUR TITHE REGULARY? YES ☐ NO ☐

DO YOU BELONG TO ANY MINISTRY/DEPARTMENT? YES ☐ NO ☐ IF YES STATE.....

WHO IS YOUR FELLOWSHIP PASTOR?.....

WHO IS YOUR FELLOWSHIP SHEPHERD?.....

WHAT ROLE DO YOU PLAY IN THE FELLOWSHIP?.....

WHAT IS YOUR RELATIONSHIP WITH THE DECEASED?..... ☐ ☐

HAVE YOU DICUSSED AND AGREED WITH THE PASTOR IN-CHARGE OF THE CEREMONY? YES NO

SIGNATURE OF THE BEREAVED..... DATE.....

DETAILS OF THE DECEASED

NAME.....
SURNAME MIDDLE NAME FIRST NAME

DATE OF BIRTH..... AGE..... OCCUPATION.....

HAS HE/SHE EVER BEEN TO THE CHURCH? YES ☐ NO ☐

IS HE/SHE CONSIDERED A CHURCH MEMBER BY ALL STANDARDS? YES ☐ NO ☐

HOW LONG HAS HE/SHE BEEN A MEMBER?.....

WHAT IS HIS/HER INDEX NUMBER?..... DOES HE/SHE REGULARLY PAY TITHE? YES ☐ NO ☐

DOES HE/SHE BELONG TO ANY MINISTRY/DEPARTMENT? YES ☐ NO ☐ IF YES STATE .....

WHO IS HIS/HER FELLOWSHIP PASTOR?.....

WHO IS HIS/HER FELLOWSHIP SHEPHERD?.....

WHAT ROLE DOES HE/SHE PLAYS IN THE FELLOWSHIP?.....

DATE OF INTERNMENT..... WHAT IS THE PROPOSED DRESS CODE (COLOUR)?.....

WHAT ROLE DO YOU REQUEST THE CHURCH TO PLAY?.....

GIVE DETAILED DIRECTION TO LOCATION.....

.....

LEADERSHIP CERTIFICATION

Having read the above information, i agree and certify with my consent that the information given is true

NAME OF FELLOWSHIP PASTOR.....

SIGNATURE..... DATE.....

NAME (PASTOR IN-CHARGE OF CEREMONIES).....

SIGNATURE..... **DATE**.....

Consider it your responsibility to inform the appropriate leaders well in advance to make it possible for our involvement.