



FUNERAL INFORMATION FORM

PRIMARY CONTACT

FULL NAME OF DECEASED								
NAME OF NEXT OF KIN/CONTACT PERSON								
ADDRESS								
CITY				STATE			ZIP	
HOME PHONE			CELL PHONE					

EVENT LOGISTICS

FUNERAL DATE		START TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	END TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Please carefully review the Rental Regulations regarding facility use.

NAME OF FUNERAL HOME								
ADDRESS								
CITY				STATE			ZIP	
PHONE				# GUESTS FOR REPASS			\$5 per person will be charged for more than 50 people.	

FEE SCHEDULE & IMPORTANT INFORMATION

- Rental Fees are for **NON-MEMBER DECEASED**
- Funerals must adhere to a **three (3)-hour time limit** which includes the wake service.
- All events are approved/scheduled at the discretion of the Pilgrim Missionary Baptist Church.
- \$5 per person will be charged for more than 50 people.

FEES		AMOUNT
RENTAL SANCTUARY	150 X 3 HOURS	\$450.00
FELLOWSHIP HALL FOR REPASS		\$225.00
OTHER FEES		

TOTAL AMOUNT DUE _____

FOR OFFICE USE ONLY

RECIEVED BY		DATE		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	CHECK #
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