



# CHURCH OF THE GREAT COMMISSION

The Lord Jesus Christ, Head  
Bishop David T. P. Perrin, Senior Pastor ~ Reverend Reginald J. White, Resident Pastor

**"REACHING THE PEOPLE GOD LOVES"**  
JOHN 3:16

## BEREAVEMENT INFORMATION FORM

*Please Print Clearly*

**Name of Deceased:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **Cause of Death**  Illness

**(Mark One):**

Accidental

Other \_\_\_\_\_

Check Here if Deceased was a Member of CGC

**Place of Residence** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Wake** Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**Homegoing Service** Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

### FUNERAL HOME INFORMATION

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

### REPAST INFORMATION

Location: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONTACT PERSON(S) AND ADDRESSES FOR CONDOLENCES

**Contact #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**SPECIAL NEEDS:** \_\_\_\_\_