



Woodbrook Pentecostal Church

53 Gallus Street, Woodbrook

FUNERAL SERVICE REQUEST FORM

NAME OF DECEASED: _____
(BLOCK LETTERS)

DATE OF BIRTH: _____

GENDER: MALE FEMALE

ON WHAT DATE DID DEATH OCCUR: _____

WAS DEATH REGISTERED: YES NO

DATE REGISTRATION CERTIFICATE PRODUCED: _____

ARRANGEMENTS FOR DISPOSAL OF BODY: BURIAL CREMATION

WHERE: _____

DATE AND TIME OF FUNERAL SERVICE: _____

WAS THE DECEASED A MEMBER OF WOODBROOK PENTECOSTAL CHURCH: YES NO

IF YES, FOR HOW LONG: _____

NAME OF PERSON MAKING ARRANGEMENTS: _____
(BLOCK LETTERS)

ADDRESS: _____

TELEPHONE CONTACT: HOME _____ MOBILE _____

RELATION OF PERSON MAKING ARRANGEMENTS TO THE DECEASED:

SIGNATURE OF PERSON MAKING ARRANGEMENTS

FOR OFFICE USE:

DATE AND TIME REQUESTED FOR FUNERAL SERVICE: _____

FUNERAL SERVICE TO BE CONDUCTED BY: _____
(NAME OF PASTOR)

ARRANGEMENTS APPROVED:

DIRECTOR OF ADMINISTRATION

DATE