



Friendship Baptist Church

633 East Dale Street, Colorado Springs, CO 80903

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secretary@friendshipbccs.com

Pastor Roland Williams

Bereavement Form

Name of Deceased: _____

Member (___) **Non Member** (___)

Date of Death: _____

Family Member Completing Form: _____

Relation to Deceased: _____

Local Contact Person: _____

Out of Town Contact Person: _____

Please share the following information:

Viewing Date/Time: _____

Viewing Location: _____

Address: _____

City: _____

Phone: _____

Funeral Date/Time: _____

Church where funeral to be held: _____

Address: _____

City: _____

Phone: _____

Burial Date/Time: _____

Name of Funeral Home: _____

Address: _____

City: _____

Phone: _____

Please indicate your preference from the church (check one)

A (___) *Send Flowers to Funeral Home*

B (___) *Give Monetary Donation (\$75.00) For Family*

C (___) *Send Monetary Donation to Charity / Organization*

Signature: _____

Date: _____

Phone: _____