

Funeral Application Form

Name of Deceased Member/Non-member _____
Address _____
Phone Number _____
Church Affiliation _____

Officiating Minister/Pastor's Name _____
Address _____ City _____ State _____ Zip Code _____
Phone _____

Contact Person: _____

Funeral Home in Charge _____

Visitation/Memorial Service Date _____ Time: From _____ To: _____
Funeral Service Date _____ Time: From _____ To: _____

Music: Pianist _____ Vocalist _____

Florist _____ Phone _____

Name of Caterer (if repast meal is not being held at Mt. Zion) _____

Church Facilities Desired:

Funeral Service: Sanctuary

Repast Meal: Fellowship Hall Family Life Center (Old Sanctuary) Overflow Room

Applicant's Signature: _____

Request Approved by: Trustee

Designee/Officiating Minister: _____

Total Cost for funeral service is \$250 for non-Church members.

Date _____