

Maple Springs Baptist Church

4131 Belt Road

Capitol Heights, MD 20743

FUNERAL INFORMATION FORM

NAME OF DECEDENT: _____

DATE OF PASSING: _____

NAME OF NEXT OF KIN: _____

STREET ADDRESS: _____

(City) (State) (Zip Code)

CONTACT TELEPHONE NUMBER: _____ Cell Home Work

RELATIONSHIP TO DECEDENT: _____

Please list **immediate** family members:

NAME	AGE	RELATIONSHIP

NAME OF FUNERAL HOME: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

DATE OF VIEWING: _____ TIME OF VIEWING: _____
(Start) (Finish)

LOCATION OF VIEWING: _____

DATE OF FUNERAL: _____ TIME OF FUNERAL: _____

LOCATION OF FUNERAL: _____

WILL A REPAST BE HELD AT MSBC?: Yes No ESTIMATED NUMBER OF GUESTS: _____

TO BE COMPLETED BY ADMINISTRATION MINISTRY ONLY

ADMINISTRATION CHECKLIST: (Forward funeral information to President of each below-referenced ministry)

- Bereavement Ministry Flower Guild Ministry Hospitality Ministry Pastor's Aid Society Media Ministry
- Deacons' Ministry Deaconess' Ministry Musicians Senior Usher Ministry Nurses' Ministry
- Deaconess Almeda Bosley (Funerals not at MSBC or that require out-of-town travel)