

Central Baptist Church of Camp Springs

Funeral Request Form *(Please print clearly)*

Date of Funeral: _____

Start Time: _____ A.M. or P.M. End Time: _____ A.M. or P.M.

Facility required (please check all that apply): Sanctuary _____ Fellowship Hall _____

Number of Guests (approximate): _____

Contact Person Name: _____

Telephone: (_____) _____

Cell phone: (_____) _____

Fax no.: (_____) _____

Email address: _____

Additional Comments: _____

Funeral Information:

Name of Deceased: _____

Member of Central Baptist Church: (Please check one) Yes _____ No _____

Member Address: _____

Officiator (for office use only): _____

Repat Information (if applicable):

Start Time _____ A.M. or P.M. End Time _____ A.M. or P.M.

Date

Applicant Signature

Applicant signature (Please print)

(Please return the completed form to Sis. Jackie Simpson at Central Baptist Church, 5600 Old Branch Ave.
Camp Springs, Maryland, 20748 or jsimpsoneast@hotmail.com)