

Faith Memorial Chapel

Christian Funeral/Memorial Application Form

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| Deceased Name: |  |  |
| Person(s) Requesting Service: |  |
|  |  |  |
| Telephone: | Email: |  |
|  |  |  |
| Officiate: |  |  |
|  |  |  |
| Telephone: | Email: |  |
|  |  |  |
| Name of Sponsoring Trustee: |  |  |
| Telephone: | Email: |  |
|  |  |  |
| Date & Time of Service: |  |
|  |  |  |
| I have read the guidelines for funeral/memorial at Faith Memorial Chapel and agree to abide by them. |
| Responsible Party Signature: |  |  |