

**PASTORAL CARE
DEATH NOTICE**

**For Church Members who have passed away.
Or, for Church Members who have lost loved ones.**

Date: _____
Submitted by: _____
Relationship to the deceased: _____
Phone # _____

Deceased INFORMATION:

Full Name _____
Date of Birth _____
Date of Death _____

Funeral Home information

Name _____
Address _____
Phone # _____

Location of Services _____

Times: Funeral/Memorial/Viewing/Burial

Please list Family Members who are HFBC members, and their relationship to the deceased, to be listed in the Sunday Worship Guide:

Parents, children, grandchildren, brothers, sisters, aunts, uncles, etc.

