

Funeral Request Form

Service Date Requested:	Service Time:	Arrival Time:
Requestor's Name:		Church Member? \Box Yes \Box No
Address:		
Mobile Phone:	Email:	
Decedent's Name:		Church Member? \Box Yes \Box No
Minister's Name:		Phone:
Musician's Name:		Phone:
Funeral Home/Director:		Phone:
Repast? Y / N Time: From	To (space m	nust be cleared and cleaned by 6:00 PM)
Caterer's Name:		Phone:
		ing church funerals and church repasts. We age to personal property used in the funeral
Requestor's Name (Printed)	Signat	ure
		ned to the church office with full payment.
Funeral Fees (Non-Member)	ance the following fees will be	charged. Payment of fees must be paid before
Sanctuary & Maintenance: \$300 TCC Minister to Officiate: \$125	Commons Area for TCC Musician: \$20	r Repast: \$100 - <i>(Room Only)</i> 00
(Active Member- one who actively There is no charge for funeral service for (Any number over 50 must po	active members. If repast is r	<i>J supported TCC)</i> requested, approximate number of people
Authorized Staff Signature:		Date:
Total Fee Paid: \$	Paid via: Cash	Zelle - (office@getmeconnected.org)