



INTERNATIONAL CENTRAL GOSPEL CHURCH
DOMINION TEMPLE FORM

Bereavement Form

Fill form with clear prints.

Last Name: _____

First Name: _____

Date of Birth (mm/dd/yy): _____

Street Address: _____

Apt #: _____

City: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Are you a "born again" Christian?: Yes No (tick applicable box)

Are you a member of Dominion Temple?: Yes No (tick applicable box)

Who is dead?: Mother Father Husband Wife Child Sibling (tick applicable box)

Do you plan to have a funeral service?: Yes No (tick applicable box)

If yes, what is the intended date (mm/dd/yy)?: _____

Any Explanations you want to make:

Your Signature: _____ Date (mm/dd/yy): _____

Office use only

Officiating Pastor's Signature: _____ Date (mm/dd/yy): _____