

**Cave Spring Baptist Church
Funeral Request**

Name of Deceased: _____

Name of Spouse or Next of Kin: _____

Was deceased a member? ☐ Yes ☐ No

If no, is the deceased an immediate family member of a church member? ☐ Yes ☐ No

If both questions above were no, a fee may be required, depending on the services provided, and must be discussed with the Senior Pastor.

Date of Service: _____ Service Time: _____

Is the desired service a Memorial or Full Service? _____

If a Full Service, please provide the Funeral Home being used:

_____. The church will contact them about the service and any needs they may have.

Pastor you are requesting to do the service: _____. A pastor from outside the church must be approved by the Senior Pastor.

Please provide the order of service and audio/lighting needs to the church secretary. The church will verify the availability of the Media/IT Team for the date of the service.

Will a meal need to be provided after the service? ☐ Yes ☐ No

If so, please provide the approximate number of guests: _____. The church will provide a meal for up to 50 people.

Will other areas of the church will be needed for the service (fellowship hall, classrooms, etc.)? if so, please list: _____.

Please see the Funeral and Bereavement Meal Policies for further details.

Church use only:

Date Submitted: _____

Date Approved: _____ Approved by: _____

Date Notified: _____