



I. General Information

INTAKE FORM | FG101

Date this form was completed: _____

Full Name of Deceased _____

Name to be used in service (if different): _____

Date of Death: _____ Place of Death: _____

General cause of death: (optional)

Date of Birth: _____

Executor's Name: (Optional)

Phone Numbers: _____ (home) _____ (mobile)

II. Funeral Service

Funeral Home: _____

Director (Contact Person) _____

Date of Service: _____ Time: _____

Funeral Location: _____

Type of Service (Funeral/Memorial): _____

Place and Site of Burial: _____

III. Visitation Request

Church _____ Time: _____

Home Church Other (please specify) _____



Address: _____

IV. Service Details

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Officiating Clergy: _____

Hymn (s): _____

Special Music: _____

Soloist: _____

Organist: _____

Other Musicians: _____

New Testament Scripture: _____

Old Testament Scripture: _____

Pall Bearers

_____	_____
_____	_____
_____	_____

Honorary

_____	_____
_____	_____

Participating Organizations (Military): _____

Key Family Members Present: _____

Others involved in the service: _____

Funeral Fees: Guests

Services		Space	
Clergy (<i>love offering</i>)	\$300.00	Sanctuary	\$ 400.00
Musician	\$100.00	Sexton	\$125.00
Program creation	\$175.00*	Sound Tech	\$175.00*
<i>*family responsible for cost of printing program</i>		<i>* Outside contractor</i>	
		Coordinator	\$100.00
		Total	\$1,375.00

V. Funeral Repast fees:

For all funerals held at the CHURCH, the family has the option to hold a repast in the CHURCH'S dining hall after the funeral and interment.

Fellowship Hall	\$150.00*(<i>when the sanctuary is used</i>)
Request for repast	\$7.50 per person

Sample Repast Catering Form

Baked Chicken, Rice, String Beans or Green Beans,
Corn Bread, Beverage and Dessert (cake or pie)

Name of Deceased: _____

Date and Time of Repast: _____ # of People _____

Repast Location: _____

Funeral Home: _____ Phone # _____

Family Contact: _____ Phone # _____

Caterer: _____ Phone # _____

Members are responsible for helping with offsetting the cost of providing the repast: utensils, tablecloths, stenos, plates, garbage bags, food not in kitchen at the time of request etc. at a cost of \$5.00 pp

Standard Menu

Baked Chicken, Rice, String Beans or Green Beans, Corn Bread, Beverage and Dessert (cake or pie) *
(Items based on availability- subject to change)

Date of Payment: _____

Amount Paid: _____

Received By: _____

I have read the Bethel AME Church Funeral Policy and I agree to abide by the policies and fees stated in this agreement. I also agree that I am responsible for the repair of any damages that occur during my use of the building, including, but not limited to, breakage of furniture, damage to church property, or violation of any of the restrictions listed on the policy.

Renter Signature _____ Date _____

Church Officer Signature _____ Date _____

Pastor Signature _____ Date _____

For Bethel Morristown Staff Only:

Last Updated 09/07/15

MEMBERS

- Indicate fees that are paid directly to outside vendors and not associated with Bethel cost for providing services

Services	Space
Clergy (<i>love offering</i>)	Sanctuary \$0.00*
Musician* \$100.00 *subject to change depending on vendor	*Free use of the sanctuary for members
Choir/Soloist	Sexton \$100.00
Program creation* \$75.00 *Outside vendor-The cost of printing programs is the responsible of the family	Sound Tech* \$175.00* *Cost to the family when outside vendor is used \$175.
	Bethel Sound Tech \$ 75.00
	Coordinator \$0.00
	TOTAL \$350.00
Members requesting repast	\$5.00 per person (overhead costs)

Signature: _____ Date: _____

Staff Member Initials _____ Deposit Paid _____ Date of Deposit _____

Final Fees Paid _____ Date Final Fees Paid _____