

Romulus Community Baptist Church
Funeral Service Request Form

Date Request made: _____

Name of Requestor: _____

Member: Y/N

Address: _____

City: _____

Phone Number: _____

Service Date: _____

Service Time: _____

Name of Deceased: _____

Member Y/N

RCBC Active Member: no charge

Inactive/Nonmember Fee: \$600.00

NOTE: Payment in full due before the date of the service.

Requestor (print name): _____

Requestor (signature): _____

Payment Received by: _____

Memership confirmation Y/N

Confirmed by: _____