HOMEGOING INFORMATION FORM

Please fill out the information below.

GOD'S GRACE Community Church
Experience God's Grace And Glory

Name of deceased :

First and Last name

Male/Female M F

Date of Death : MM/DD/YYYY

Is the deceased a member of god's Grace? Yes No

Family Information:

Name of Family Member(s) Reporting Information :

Relationship to Deceased :

Email :

Phone :

Homegoing Calendar Information:

Date of Wake : MM/DD/YYYY

Time : AM / PM

Date of Funeral :

Time : AM / PM

Funeral Home Information :

Name of Funeral Home :

Phone Number :

Address :

Email :

Additional Notes :

God's Grace Community Church will provide catered food for the family and guests during the repass.