



Funeral Policy

Funeral Policy
Lonoke Baptist Church
1841 Lonoke Ave.
Texarkana, Ar. 71854

While planning a funeral, the Lonoke Baptist Church staff understands that there are so many things a family has to plan for. That is why we have taken the time to construct this packet to better assist you in your planning. We are here to serve you! These below fees are for those who are not members of the Lonoke Baptist. **MEMBERS** are not expected to pay these fees if they are members in good standing. The below mentioned prices are for **NON-MEMBERS**. For the purposes of this policy, active members are defined as those members of Lonoke Baptist Church who attend church services and contribute to the church as they generally provide regular financial and personal support for the church. These privileges are also extended to the following:

1. Homebound members / nursing home members
2. Those who have served as the Formal pastor of Lonoke Baptist Church
3. **Member's** (spouse, mother, father, children, grand-children, grandparents,
Sister and brother.

All fees are expected to be paid in full prior to the final date of the funeral.
No personal checks!! No exceptions!! No refunds!!

Money orders / cashier checks are to be made payable to the Lonoke Baptist Church.



--Guidelines for the Funeral Services

- If there are any special tributes to be done during the funeral services, the details of this tribute must be discussed in full with the at least one Funeral Committee member so that it can be approved prior to being placed on the program.
- If the deceased is not a member of the Lonoke Baptist Church, the date scheduled **must not conflict** with any previously scheduled event at the church.
- No funeral services will be held on Sundays.
- Funeral Services being held at The Lonoke Baptist Church **does not mean** that the **Pastor** of the church will perform the services nor be present.
- A maximum of 2 hours will be allowed to conduct the funeral services in the sanctuary.
- There will be no Fee for use of the Sanctuary.
- All **NON-MEMBER** funerals will start no earlier than 1:00P.M., unless permission is given by the funeral committee or the Pastor.

Guidelines for the Repast

- There will be no charge for use of the fellowship hall, *if all guidelines are adhered too.*
- Lonoke Baptist Church **will not be responsible** for providing food nor serving the food for families of non-members.
- The deceased family is responsible for paper goods, cups, plates and silverware.
- It will be the **responsibility of the family** to furnish food and someone to serve the food (if the deceased is not a member) during the repast.
- A maximum of 2 ½ hours will be allowed to feed the family and place everything back as you found it.
- Tables, chairs, and chafing dishes will be in place inside the fellowship hall. The family will be responsible for putting up the tables and chairs and cleaning chafing dishes after the repast.

**NO SMOKING OR DRINKING OF ALCOHOLIC BEVERAGES IN OR
ON THE PREMISES!**

If you have any questions or concerns pertaining to this packet, please
contact the Funeral Committee Chairman.

(870) 772-1991 or (903) 278-3198

Lonoke Baptist Church
Funeral Application for Non-Member

Requestor(s) Name: _____ Email Address _____

Current Address: _____ City & State _____

Date of Request: _____ Telephone/Cell Number: _____

Approximate number of family members attending funeral _____

Are you a family member? If Yes ____ No ____ how are you related to the Deceased _____?

Name of Church you attend: _____

Deceased Name: _____

Date of funeral: _____

Name of Church the Deceased attended: _____

Why is the Deceased funeral not at his/her Church?

Why is the Deceased funeral not at the Requestor's Church?

Why do you want the funeral to be at Lonoke Baptist Church?

Name other churches/funeral homes that you have requested to have this funeral (if any):

1. _____

2. _____

3. _____

Lonoke Baptist Church Fellowship Hall

Are you requesting to use the Fellowship Hall? If yes, Yes (____) No (____) a \$250.00 deposit is required and you will be required to sign a contract. Deposit is paid two days prior to funeral with cashier check/money order.

(If application is approved you will be notified by telephone.)

Print Name _____

Sign _____ Date _____