



Comfort (Bereavement) Ministry

Valley Kingdom Ministries International



Information/Notification Form – DATE: _____

Deceased Name: _____ **Date Expired:** _____

VKMI Member? _____ **Info Given By:** _____ **Info Taken By:** _____

Immediate Family of Deceased

Name: _____ In the loss of his/her _____

Address: _____ City/St _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name: _____ In the loss of his/her _____

Address: _____ City/St _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name: _____ In the loss of his/her _____

Address: _____ City/St _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____



FUNERAL HOME: _____

Address: _____ City/St _____ Zip _____

Office Phone: _____ Fax Phone: _____

VIEWING: (Day/Date): _____ **Time:** _____

HOMEGOING INFORMATION

Church/Funeral Home: _____

Visitation(Day/Date): _____ Time: _____

Worship (Day/Date): _____ Time: _____

Address: _____ City/St _____ Zip _____

Office Phone: _____ Fax Phone: _____

Email: _____

FOR OFFICE USE ONLY

Spiritual Leader

Date

Left Message

Notify

Comfort Ministry

HDW via email & mailbox

BLW via email & mailbox

Card from HDW

Card from MAT

Resolution written & faxed

Flower

Date

WORKERS OF HOMEGOING

Eulogy

In Charge of Pulpit

Doorkeepers

Nurses

Maintenance

Musician

Psalmist

Media/Sound

Bldg Engineer

Security

Trustee

Parking Lot Attendants
