NEW SAMARITAN BAPTIST CHURCH

INITIAL DEATH NOTICE

TODAY'S DATE: _____

NOTE: A New Samaritan Official will be in contact with you within 48 hours of receipt of this notification.

DECEASED NAME: _____ _____ _____

First Name Initial Last Name

New Samaritan Baptist Church Disciple: ◯ Yes ◯ No

DATE OF DEATH:

CONTACT PERSON:

CONTACT PHONE #:

PERSON PROVIDING INFORMATION:

PHONE NUMBER:

HOMEGOING/FUNERAL SERVICE: ◯ PENDING ◯ DATE (if Known):

SERVICES TO BE HELD AT NSBC:

◯ Yes ◯ No ◯ Undetermined

IF NOT NSBC, PROVIDE LOCATION: _____

Names of New Samaritan Relatives of Deceased:

_____

NOTE: A New Samaritan Official will be in contact with you within 48 hours of receipt of this notification.