

Proposed Funeral Arrangements and Change of Subscriber Form

New Apostolic Church Burial Fund
Private Bag X25, Plumstead, 7801

Tel: 021-700-2200 / 0829569640
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Congregation

District

Date

A. Proposed funeral arrangements

Details of deceased

First name and surname

ID number

Policy number

Date of birth

Date of death

Place of death

Details of next of kin

First name and surname

Telephone number

Address

Relationship to deceased

Details of funeral *(details to be confirmed with undertaker before announcing to congregation)*

Confirmed by undertaker:

Stamp and Date

* Grave to church

*Church to grave

*Cremation

**Tick appropriate block*

Congregation

Date

Time

Cemetery/Crematorium

Date

Time

Viewing (address)

Time

Details of undertaker

Name

Burial order number. *(Office use only)*

B. Change of subscriber

First name and surname

Date of birth

PR number/Non-member

I hereby declare and affirm that all information reflected on this form is true and correct.

pp Signature of rector

Contact telephone number (rector)

Date