

CHURCH OF GOD BY FAITH, INC.
2409 Old Middleburg Road N.
Jacksonville, Florida 32210
Office (904) 779-5469 * Fax (904) 779-5399

Burial League Fund Application

(Please Print Clearly)

NAME _____
Last First Middle Date of Birth

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____
(If different from home address)

PHONE NUMBER () _____
Area Code

AGE _____ SOCIAL SECURITY # _____ - _____ - _____ MALE _____ FEMALE _____

Please indicate location of Church of God by Faith membership _____

BENEFICIARY _____

RELATION TO APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

I acknowledge that the information I have provided is accurate and to the best of my knowledge I have no known physical or mental illness.

Signature of Applicant

Date

Signature of Burial League Representative

Pastor's Name

FOR OFFICIAL USE ONLY		
Approved _____	Rejected _____	Date _____