

SECOND BAPTIST CHURCH
925 S. Shamrock Ave.
Monrovia, CA. 91016
Pastor Christopher Bourne Sr.
Parish Under Shepherd

Date First Recorded _____ Date Revised _____
To: My Pastor

Please follow my instructions below for my memorial celebration of life service when the Good Lord Calls me home to heaven.

BIOGRAPHY

Given Name: _____ Married Name: _____

Date of birth: _____ Place of birth: _____

Schools attended: _____ Vocation in life: _____

Length of time in Calif: _____ City: _____

Military service: _____ Honors: _____

Marital status: _____ Spouses name: _____

Date of Marriage: _____ Place of Marriage: _____

Children # _____ boys # _____ girls # _____ grandchildren # _____ of great grand children

Emergency contact: Phone# _____ Phone # _____

SPIRITUAL HISTORY

When were you born into God's Family? _____

Name of the church: _____

	Address	City	State	Zip
Pastor _____		Baptized: _____		

Date you joined Second Baptist Church? _____ Under what Shepherd? _____

List your spiritual gifts: _____ List present ministry involvement _____

List Former Ministry involvement
