



*Bereavement Information Collection Form*

Type of Service:       Homegoing                       Memorial

**Name of Deceased:**

**Name of Family Member:**

**Relationship to Deceased:**

**Point of Contact:** **Telephone #:**

**Address:**

**Funeral Home Name & Address:**

**Telephone #:** **Fax #:**

**Date and Time of Viewing:**

**Location of Viewing:**

**Address:**

**City, State, Zip:**

**Telephone #:** **Fax #:**

**Date and Time of Services:**

**Location of Services:**

**Address:**

**City, State, Zip:**

**Telephone #:** **Fax #:**

**Flowers Ordered:** **Date:**

**Letter Prepared:** **Date:**

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*“The ransomed of the Lord shall return, and come to Zion with  
singing; everlasting joy shall be upon their heads...”*