Crum Creek Church Preservation Society, Inc. Funeral Application



Full Name of Deceased:		Funeral Date:
Date of Birth:	Place of Birth:	
Date of Death:	Place of Death:	
Mother of Deceased (Maiden):		
Father of Deceased:		
Spouse of Deceased (Maiden)		
Name(s) of Officiating Clergy:		
Organist, Pianist, Musicians:		
Funeral Home Contact Name:		Phone:
Funeral Home Address:		
Be sure to let the funeral hon	ne director know	to contact a trustee member for building access.
Approximate Number of Guest	s Expected:	Applic. Date:
This information will be retained and added to the Preservation Society records. If you are able to share a favorite photo oft he deceased, it would be a valuable addition to our archives.		
Mail this form and a minimum	\$75 donation (M	embers) or \$100 donation (Non-Members) to:
Crum Creek Church Preserv	ation Society, Po	ost Office Box 1, St. Johnsville New York 13452
Submitted by:		Phone Number:
Address:		
Email Address:		
If you are not on our contact list, may we add your name? Yes No		
church for weddings, funerals, or other ev •Seating capacity is approximately 100 s •Cleaning of the facility prior to and after •Please make arrangements for a board of use: Jack Carter 704 785 5337, Dean Har	vents. souls. r its use is the responsit member to be available ndy 518 568-2827, Evel	rships in the CCCPS, by ongoing donations and those who use the bility of those using the building, subject to inspection. e for opening the church as neeced for your planning, cleaning and yn Thode 518 673-5537, or Janey Martyniuk 315 527-7632. n.com. FB: www.facebook.com/groups/881001337392982
and continuing efforts	s of those who have m	turary for your special event, through the hard work nade it possible for the church to be available. very important to the future of the CCCPS.