

**BEREAVEMENT COMMITTEE REPORT FORM**

NAME OF DECEASED MEMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

BEREAVEMENT COMMITTEE  
COORDINATOR: \_\_\_\_\_

FOOD PROVIDED (meat): \_\_\_\_\_

AMOUNT (20 pieces, lbs of ham, etc.) \_\_\_\_\_

COST: \_\_\_\_\_

WHERE PURCHASED: \_\_\_\_\_

DATE OF FOLLOW-UP VISIT: \_\_\_\_\_

ASSESSMENT OF SERVICE, CARE AND SUPPORT GIVEN TO THE FAMILY  
BY THE COMMITTEE:

WERE THE NEEDS OF THE FAMILY MET? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUGGESTIONS FOR IMPROVING THE WORK OF THE COMMITTEE:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_