



# CHRISTIAN COMFORTING MINISTRIES

## Application for Financial Assistance for BEREAVED FAMILIES

BF-

Reg. Dt.

a. *Pl fill the form completely* b. *Where space is insufficient please use the page overleaf or additional sheets.*

1. Name of the Applicant :
2. Complete Address (including pin-code) :
3. Contact Phone No & Email ID. :
4. Name of the Deceased :
5. Date of death & age at death :
6. Relationship with the applicant :
7. Details of family Members :

PIN  
PHOTO HERE

Sl.No.	Name	DOB	Marital Status	Occupation	Relationship with Patient
A					
B					
C					
D					

8. Name of Guardian ( if applicant is minor ) :
9. Purpose for which Financial Assistance is sought :
10. Details of assistance received so far from :
  - a . Relatives & Friends : Rs .
  - b . Other agencies : Rs .
 ( Please furnish name of funding Agency , address & Contact Phone & details of the Scheme )
11. Are you a full time servant of God? : Y / N  
If Yes, Name & address of Church /Mission, Years of service and Details of ministry to be provided along with the form.
12. If you or your family members have received assistance from CCM earlier, please give details :
13. Name of your Bank /Branch Name, Address and IFS Code No.:
14. Name of A/c Holder & A/c No.  
Place : Signature of Applicant :  
Date : Signature of Guardian ( if any )

### Enclosures ( ) { Verify attachments and place a tick mark inside the brackets }

1. ( ) Photograph of the Deceased person ( if any )
  2. ( ) Photograph of the Bereaved family
  3. ( ) Xerox copy of Ration card / Voter's ID Card / Old age home ID Card / Aadhaar Card / Any other Photo ID Card issued by the Govt. ( for proof of residential address )
  4. ( ) Xerox Copy of Death Certificate issued by Govt . Authority or Funeral certificate by Pastor who conducted the funeral duly signed by CEO of the Mission / Agency.
  5. ( ) Xerox copy of FIRST page of bank pass book
- If you are a full time servant of God**
6. ( ) Your write up (1 page) with regard to details of life /witness/ service.
  7. ( ) For Applicant/Mission known to CCM, provide recommendation as per Annexure .

For, Independent Pastor/ Evangelist / Missionary and Organization and CEO not known to CCM, recommendations by two local Christian leaders known to CCM to be provided.

**Cases more than 12 months old not entertained.**



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## Annexure to Application for Financial Assistance for BEREAVED FAMILIES

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### RECOMMENDATION by CCM TRUSTEE / ADVISOR

1. Name of the Applicant :
2. Name of the Deceased ( if any ) :
3. No. of years the family is known to you :
4. Nature of your connection with this family :
5. If the Patient is a full time servant of God; provide Name and address of Church /Mission, Years of service and Details of ministry
6. Date of your last visit to this Bereaved family after the death:
7. Your Assessment about the present status of support provided to this family:
  - a. Emotional :
  - b. Spiritual :
  - c. Financial :
  - d. Any other( Please specify ) :
8. Is there any NGO specialized in providing help to such bereaved families whom we can reach out for further help to this family ?
9. Your recommendation on comforting steps to be taken by CCM for this bereaved family :
  - a. Emotional :
  - b. Spiritual :
  - c. Financial :
  - d. Any other ( Please specify ) :

Name :

Phone No. & Email id:

Signature & date :

Important note: For Independent Pastor/ Evangelist / Missionary and Organization and CEO not known to CCM, recommendations by two local Christian leaders known to CCM to be provided.