



# Hopewell Missionary Baptist Church

5144 Dolphin Road

Dallas, Texas 75223

(214) 823-1018 office (214) 824-3813

Reverend Michael R. Hubbard Sr., Pastor

**Rev. Michael R. Hubbard Sr.**  
Pastor

**Chairman Deacon Ministry**

**Yolanda Fleming**  
Church Treasurer

**Rev. Montrell Blakely**  
Church Operations

**Rev. Browyn Durham**  
Family Care Ministry

**Rev. Browyn Durham**  
Children & Youth Ministry

**Rev. Kevin Hutchinson**  
In and Out Reach Ministries

**Rev. Samuel Dew**  
Christian Education

**Tonya Hubbard**  
Chairperson Finance Ministry

**Glenda S. Taylor**  
Church Clerk

**Ila Kilgore**  
Administrative Assistant

Name of Deceased: \_\_\_\_\_

**Active Member:** yes or no (circle one)

Primary Family Contact: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

If applicable date and time of wake services: \_\_\_\_\_

Date and time of Funeral Services: \_\_\_\_\_

Name and location of Cemetery: \_\_\_\_\_

**(If DFW, please give time)** \_\_\_\_\_

**All Hopewell members' eulogy will be done by Pastor.  
All other ministers must have Pastor's Approval.**

Minister name and number: \_\_\_\_\_

Minister's Church: \_\_\_\_\_

Will you feed in the TE Brown Fellowship Hall: yes or no (circle one)

Approximate family size to be fed: \_\_\_\_\_

Will Programs be needed (Members Only): \_ \_\_\_\_\_

**All program information must be received 96 hours or 4 days prior to services.**

Approx. how many: \_\_\_\_\_

Approx. how many pictures: (Max 30 pictures): \_\_\_\_\_

Will Hopewell Musician be required: \_\_\_\_\_

Will Voices of Hopewell be required: \_\_\_\_\_

Will Hopewell Ushers be required: \_\_\_\_\_

Will there be a DVD tribute: \_ **yes or no (circle one) DVD must be received 48 hours or 2 days prior to Funeral Services.**

All programs must be approved by Pastor three (3) days prior to Services.

**Any photo's to be displayed in the lobby are to be of deceased only.**

**Form completed by:** \_\_\_\_\_

**Pastor's Approval:**  
Initials: \_\_\_\_\_

**Deacon's:**  
Initials: \_\_\_\_\_

**Submitted by:**  
Initials: \_\_\_\_\_

## IMPORTANT NOTE

**Due to COVID-19  
All family members  
of the deceased will  
only receive dinners  
provided by Hopewell  
for Repass Only,**