UP FROM THE ASHES WE RISE!

Victim Support Project

Report Your Church Fire

Church Name:_____ **Pastor :**_____
Address:_____**Address:**_____
_____ _____
County: _____**County:**_____
Phone: _____**Fax:**_____ **Phone:** _____**Fax:**_____
Website: _____**Email:**_____
Contact Person:_____ **Address:**_____
Telephone:_____ **Alt#:**_____ **Email:**_____

Church History

Age of Church: _____ Year Established: _____ Active Membership:_____

Fire Information

Church was burned (date):_____ at_____ am/pm (time). The fire investigation was ruled __Arson __Accidental __Undetermined with ran Arrest & Prosecution or __ No Arrest. Damages are/were __Minor Damage __Moderate Damage __Totally Destroyed at an estimate replacement cost of _____.
Our rebuilding status is __ Start up __ Halfway __Complete.
Please tell us about your church fire:_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

To help Rebuild Burned Churches....Restore Hope...and Build Healthier Communities

National Coalition for Burned Churches and Community Empowernment
P.O. Box 40784 Charleston, SC 29423 Ph: (843) 821-9590 FAX: (843) 367-9154
Email:ncfbccp@aol.com website: www.ncfbc.org