

# **BASIN** **REPUBLICAN RUSTLER**

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## OBITUARY FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Formerly of \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father \_\_\_\_\_

Mother (include maiden name) \_\_\_\_\_

Name of spouse (include maiden name) \_\_\_\_\_

Marriage Date \_\_\_\_\_ Place of Marriage \_\_\_\_\_

If deceased, date \_\_\_\_\_

Additional spouse \_\_\_\_\_

Marriage Date \_\_\_\_\_ Date of Death \_\_\_\_\_

Education: Provide name, location of school, year graduated, degree received.

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Employment history: Provide name and location of firm, position held, year of retirement or years of service.

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Church affiliation and location (include positions held) \_\_\_\_\_

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Other memberships \_\_\_\_\_

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Hobbies interests: \_\_\_\_\_

Military service: Branch \_\_\_\_\_ Wars/years of service \_\_\_\_\_

#### SURVIVORS

Relationship \_\_\_\_\_ Name \_\_\_\_\_ City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ City/State \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ City/State \_\_\_\_\_

No. of Grandchildren \_\_\_\_\_ Great-grandchildren \_\_\_\_\_ G-G-Grandchildren \_\_\_\_\_

#### PRECEDED IN DEATH

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Year of Death \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Year of Death \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Year of Death \_\_\_\_\_

Relationship \_\_\_\_\_ Name \_\_\_\_\_ Year of Death \_\_\_\_\_

Submitting Photo (must be JPEG)? YES \_\_\_\_\_ NO \_\_\_\_\_

#### ARRANGEMENTS

Funeral Home (include contact info) \_\_\_\_\_

Viewing times/ date: \_\_\_\_\_

Time/ date of services/ Mass \_\_\_\_\_

Where: (if not at funeral home, provide address) \_\_\_\_\_

Name & Address of Cemetery \_\_\_\_\_

Donations \_\_\_\_\_ Address \_\_\_\_\_

Information submitted by:

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

All information must be verified.

If submitting a formally written obituary and your desire is to run as written there is a \$25 charge for the first 500 words and \$25 for each additional 500 words.

There is no charge for submitting one photo with unpaid obituary.