

# Obituary Form

☐ Mr. NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
☐ Mrs. DATE OF DEATH \_\_\_\_\_ AGE \_\_\_\_\_  
☐ Ms. CITY OF RESIDENCE \_\_\_\_\_  
☐ Miss CAUSE OF DEATH \_\_\_\_\_

## SERVICE INFORMATION

A \_\_\_\_\_  
SPECIFY TYPE OF SERVICE: FUNERAL, MEMORIAL SERVICE OR GATHERING  
will be at \_\_\_\_\_  
TIME, DATE AND LOCATION FOR SERVICE  
\_\_\_\_\_

☐ PRIVATE SERVICE  
☐ NO SERVICE

## BACKGROUND INFORMATION NEEDED FOR ALL OBITUARIES

Birthdate and City, State of Birth \_\_\_\_\_  
Spouse (include maiden name) \_\_\_\_\_ Year married \_\_\_\_\_ If spouse is deceased, year of death \_\_\_\_\_  
Job title (includes homemaker) \_\_\_\_\_ Primary employer \_\_\_\_\_  
Chronology of years, cities lived in Metro area \_\_\_\_\_  
\_\_\_\_\_  
Other information \_\_\_\_\_  
EDUCATION, MILITARY SERVICE

## SURVIVORS: NAMES OF SPOUSE, DAUGHTERS, SONS, STEPCHILDREN, PARENTS, SISTERS, BROTHERS, COMPANION

## RELATIONSHIP

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren \_\_\_\_\_ Number of great-grandchildren \_\_\_\_\_ Number of great-great-grandchildren \_\_\_\_\_

Remembrance to \_\_\_\_\_

## LIMITED TO ONE CHARITABLE ORGANIZATION

Name of funeral home or cremation service \_\_\_\_\_ Phone \_\_\_\_\_

**Required contacts:** Family member \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

PLEASE NOTE: CHECK ALL FACTS, NAMES, SPELLINGS AND DATES CAREFULLY ON THIS ENTIRE FORM BEFORE SIGNING BELOW.  
WE WILL NOT REPRINT OBITUARIES TO CORRECT ERRORS CAUSED BY INCORRECT OR INCOMPLETE INFORMATION ON THIS FORM.

☐ I AM A FAMILY MEMBER (OR EXECUTOR) AND HAVE PROOFREAD THIS FORM.

Signed \_\_\_\_\_ Date \_\_\_\_\_