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## OBITUARY INFORMATION

Run this obituary in the \_\_\_\_\_ edition(s) of the

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Picture provided

Please use this symbol:



Other paper \_\_\_\_\_ day & date requested: \_\_\_\_\_

picture requested:    yes    no    price limit: \_\_\_\_\_

Other paper \_\_\_\_\_ day & date requested: \_\_\_\_\_

picture requested:    yes    no    price limit: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

died    entered unto rest    passed away    Day and date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_ Cause of death: (if desired) \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

If the deceased is a former local resident, what town/city did he/she live in?

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Education (indicate attended or graduated): \_\_\_\_\_

### BIOGRAPHICAL INFORMATION :

Occupation: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Year of retirement: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Clubs / organizations / hobbies / interests:

**MILITARY SERVICE** (branch and war):

**Deceased's last name:** \_\_\_\_\_

**PREDECEASED BY** (spouses, children, or any, including year):

**SURVIVORS:**

Spouse: \_\_\_\_\_ Maiden: \_\_\_\_\_ Number of years married: \_\_\_\_\_

Number of daughter(s): \_\_\_\_\_ Names (& spouses, if desired) and city/town of their residence:

Number of son(s): \_\_\_\_\_ Names (& spouses, if desired) and city/town of their residence:

Number of sister(s): \_\_\_\_\_ Names and city/town of their residence:

Number of brother (s): \_\_\_\_\_ Names and city/town of their residence:

Parents and city/town of their residence. Indicate living/deceased and together/separated for each:

Paternal grandparents and city/town of their residence. Indicate living/deceased and together/separated for each:

Maternal grandparents and city/town of their residence. Indicate living/deceased and together/separated for each:

Number of grandchildren: \_\_\_\_\_ Great-grandchildren: \_\_\_\_\_ Great-great grandchildren: \_\_\_\_\_

Nieces & nephews: \_\_\_\_\_ Cousins: \_\_\_\_\_ Aunts & Uncles \_\_\_\_\_

**Deceased's last name:** \_\_\_\_\_

**FUNERAL/MEMORIAL SERVICES:**

Time: \_\_\_\_\_ Day and date: \_\_\_\_\_

Name of place: \_\_\_\_\_

Address: \_\_\_\_\_ City/town: \_\_\_\_\_

**CHURCH SERVICES:**

Time: \_\_\_\_\_ Day and date: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_ City/town: \_\_\_\_\_

**BURIAL:**

Cemetery: \_\_\_\_\_

City/town: \_\_\_\_\_ State: \_\_\_\_\_

**CALLING HOURS/VISITATION:**

Time: \_\_\_\_\_ Day and date: \_\_\_\_\_

Name of place: \_\_\_\_\_

**FRATERNAL/CIVIC ORGANIZATON SERVICES:**

Time: \_\_\_\_\_ Day and date: \_\_\_\_\_

Name of place: \_\_\_\_\_

**CONTRIBUTIONS:**

Organization's name: \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Organization's name: \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_