

DEATH NOTICE & OBITUARY INFORMATION FOR:

FIRST NAME

NICKNAME

MIDDLE

LAST

SUFFIX

DATE OF BIRTH: _____

DATE OF DEATH: _____

INSTRUCTIONS: Place an asterisk * after all deceased persons listed below.

SPOUSE: _____ **DATE OF MARRIAGE** _____
MAIDEN (IF APPLICABLE)

LIST CHILDREN IN BIRTH ORDER: (place spouses in brackets) List Town & State Residing In:

GRANDCHILDREN: use quantity ____ or list names (place spouses in brackets) List Town & State Residing In:

GREAT-GRANDCHILDREN: use quantity or list names placing a comma , in between each

SIBLINGS (place spouses in brackets): List Town & State Residing In:

MOTHER'S NAME: _____ **FATHER'S NAME:** _____
FIRST NAME LAST MAIDEN FIRST NAME LAST

EDUCATION: optional

Elementary School: _____ Town: _____

High School: _____ Town: _____

College: _____ Town: _____

Graduate School: _____ Town: _____

List Degrees Earned: _____

POST-EDUCATIONAL CAREER: optional

Employer: _____ Position: _____ Start Year: ____ End Year: ____

Employer: _____ Position: _____ Start Year: ____ End Year: ____

Employer: _____ Position: _____ Start Year: ____ End Year: ____

Employer: _____ Position: _____ Start Year: ____ End Year: ____

PROFESSIONAL MEMBERSHIPS, CLUBS, ASSOCIATIONS & CIVIC MEMBERSHIPS:

HOBBIES OR AVOCATIONS:

MEMBER OF CHURCH OR TEMPLE: _____ **TOWN:** _____

ARE FLOWERS ACCEPTABLE: Yes No

WOULD YOU LIKE FRIENDS TO MAKE MEMORIAL CONTRIBUTIONS TO A CHARITABLE ORGANIZATION OR CAUSE?

Yes No If Yes, list: _____

ADDITIONAL INFORMATION ABOUT THE DECEASED, THEIR LIFE:

DATE OF VISITATION: _____ **TIME:** _____

Name of Place: _____

Address: _____ City / State: _____

DATE OF SERVICES: _____ **TIME:** _____

Name of Place: _____

Address: _____ City / State: _____