

Phone: (715)423-1414 Fax: (715) 423-1818 E-Mail: ritchayfh@wctc.net

### Obituary/Pre-Planning Information

(Please complete in full with as much detail and accuracy as possible.)

Name: (First, Middle, Last) _					
Address:					
City/Town/Village:		State:		Zip:	
Male / Female (Circle One)	Biı	th City/Town/	Village:		
Date of Birth:	В	irth State/Cou	ntry:		
Home Phone No. ()	<del>-</del>		Social Security	No	<del>-</del>
Father's Full Name:					
Mother's Full Name (Include	Maiden) _				
Email:					
		Marital Sta	itus:		
Please Check or Circle One:	? Single	? Married	? Divorced	? Widowed	
Spouse's Name (Include Maio	len)				
·	First			ile	Last (Maiden)
Date of Marriage:					



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Location of Marriage: (City/Church)

Wisconsin Rapids, Wisconsin 54495-0847

#### **Education and Employment History:**

High Schoo	l Education (p	olease check/cir	rcle highest g	rade comp	pleted):		
	_	ool Attended/G					
		cle one): ? ted/Degree:	_				
College(s) A	Attended:						
Locations o	f College(s): _						
Occupation	ı:		Type of 1	Business:			
Name/Place	e of Employm	ent:					
Number of	Years Employ	ed:	Date of	Retireme	ent:		
		Milita	ary Service	e Inform	ation		
Veteran (pl	ease check/cir	cle one):	? Yes	? No			
Branch:	? Army	? Navy	? Air Forc	e ? N	Marines	? Coast C	uard
•	ase check/circ	le one): ? Vietnam	? Deser	rt Storm	? Irac	ŋ/Afghanistan	? Peace
Date Enter	ed Service: _		Date Disc	harged: _			
Serial/Serv	ice Record N	umber:					
Do You Ha	ve A Copy of	Your Dischar	ge Papers (D	D-214)	? Ye	es ?	No
Mamharsh	in in Any I oo	oal Veterans ()	raanizations	2 VFW2	Am I agid	on?	



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Do you wish to have a graveside service with military honors?

? Yes

No

## List of Survivors- Used in Obituary (Please include: Spouse and City/State where they reside)

Husband or Wife:		
Parents:		
Grandparents:	Brothers: Include Spouse	e
Sons: Include Spouse		
	Sisters: Include Spouse	
Daughters: Include Spouse		
	Grandchildren: No	Names Optional
Step-Children: Include Spouse		



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	Other Survivors: Other Family/Friends
reat-Grandchildren: NoNames Optional	
Preceded in	n Death by:
Organization, Clubs Belonged to:	
Hobbies, Interests, Events, Awards:	



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Memorials Designated to: Charitable Organizations/Special Causes/Educational Funds Etc..... Family Member Funeral Home May Contact To Make Funeral Arrangements: Name: Phone: Type of Funeral Services Desired: (Please check or circle one) ~We will discuss a full range of options with you during the Pre-Arrangement or At-Need Arrangements conference. ? Traditional Funeral – Open casket viewing– Public Visitation/Wake, Funeral service at church or funeral home, followed by burial or entombment at cemetery. All one day or evening visitation. Embalming Required for Viewing. **?** Direct Burial/Graveside Services – Direct burial at cemetery with or without graveside services. Embalming is optional, Closed Casket. Services can be public or private. ? Traditional Funeral Service with Cremation – Public visitation with open casket viewing. Use of rental casket, Funeral service at Church or Funeral Home- all one day services or with night visitation the evening before the funeral. Funeral service is followed by cremation of the body. Embalming Required for viewing. [?] Cremation with Memorial Services – Immediate cremation of body, followed by memorial service either at Church, Funeral Home, or place of your choice. **? Direct Cremation** – Cremation process is performed. No memorial service. **?** Other Type of Service- Please Specify:



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**Embalming preferred?** ? Yes ? No

**Note:** It is our funeral home policy to require embalming when the casket is going to be open for a

public visitation.	1	J 1	8		
Visitation/Wake t	o be held at (p	lease check/circ	le one):		
? Funeral Home	_	_	Name:		
Funeral or Memo	orial services to	o be held at (ple	ease check/c	circle one):	
? Church [	? Cemetery	? Funeral	home	? Mausoleum	? Other:
Name:					
		Religious/Cl	hurch Aff	ïliation	
Name of Church:					
Clergy Name:					
Location:					
Phone Number: (_					
	e can contact f	or you. These r	ninisters ar	e available to perf	rs of various religious form a funeral home
Special Music Re	quests/Hymns	for Funeral or	Memorial	Services:	



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1950 12th Street South, P.O. Box 847

Wisconsin Rapids, Wisconsin 54495-0847 ice: None ? Church **Luncheon or Gathering After Service:** ? Restaurant ? Other Type of Food to be Served: [?] Chicken or Ham Dinner [?] Ham/Turkey Sandwiches ? Other **Cemetery Information** Burial: ? Yes ? No **Entombment**: ? Yes ? No Grave Space/Plot Already Purchased? ? No ? Yes Name of Cemetery/Mausoleum: Location and/or Address: Plot Location if Possible: Section Block Lot Monument or Grave Marker Already Purchased? ? Yes ? No Company Monument was Purchased Through:\_\_\_\_\_\_ **Newspapers Requested for Obituary Submission** ? Wisconsin Rapids Daily Tribune **?** Wausau Daily Herald ? Marshfield Herald **?** Stevens Point Journal ? Milwaukee Journal ? Other \*Please note- there is a charge for each newspaper selected for the obituary. **Pallbearers for Funeral Service:** 6 is traditional. Can use more than 6 if necessary.



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Other Information o	r Special Req	uests for the	Funeral Hom	e	

# Please complete and drop off at our funeral home at your convenience. Also: Mail or FAX

### **Wisconsin Rapids Location:** Nekoosa Location:

Ritchay Funeral Home 1950 12th Street South PO Box 847 Wisconsin Rapids, WI 54495-0847 PHONE- 715-423-1414 FAX (715) 423-1818 Feldner/Ritchay Funeral Home 615 1st Street PO Box 102 Nekoosa, WI 54457-102 Phone- 715-886-3161 FAX (715) 886-3359

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