Obituary Outline

With this form please also provide a photo with as much clarity as possible to be posted on our website and to be used for the front of the funeral program

ALL ELETRONIC PHOTOS MUST BE SENT TO (<u>WFS2300@GMAIL.COM)</u> *ALL HARD COPY PHOTOS ARE STRONGLY SUGGESTED TO BE BROUGHT IN PERSON TO FUNERAL HOME*



Professional Services Entrusted To:

Walker Funeral Service & Chapel

2300 East Cook St. Springfield, IL 62703 (217) 753-3783 566 North Water St. Decatur, IL 62523 (217) 362-6214 704 North 4th St. Champaign, IL 61820 (217) 552-1708

www.walkerfs.com

Service Information				
Full Name of Deceased:				
Date of Service:				
Visitation Time:	Service Time:			
Place of Service:				
City/State/Zip:				
Minister(s) Officiating Service:				

Full Name (Nickname):	Age:	
Social Security#:	<u>—</u>	
Birthday:	Date of Death:	
Place of Birth:	Place of Death:	
Parents: (Father)	(Mother)	
Was He/ She a veteran? Yes	, If you selected yes,	
do you have the Honorable Discharg	ge document available (DD214)? Yes No	
Education (Major/Degree(s)):		_
Occupation/Job:		
Accomplishments/Awards:		-
		_
	roups, clubs and/or religious (Church) organizations	_
		-
		_

<u>Surviving Family Information</u>
(**List the names of family members that still Living**)

Parent(s):	Surviving Spouse:
Grandparents: Brother(s): Sister(s): Uncles/Aunts: Cousins/Special Friends: Preceded in death	Surviving Children:
Grandparents: Brother(s): Sister(s): Uncles/Aunts: Cousins/Special Friends: Preceded in death	
Grandparents: Brother(s): Sister(s): Uncles/Aunts: Cousins/Special Friends: Preceded in death	
Brother(s):	Parent(s):
Brother(s):	
Sister(s): Uncles/Aunts: Cousins/Special Friends: Preceded in death	Grandparents:
Sister(s): Uncles/Aunts: Cousins/Special Friends: Preceded in death	
Uncles/Aunts: Cousins/Special Friends: Preceded in death	<i>Brother</i> (s):
Uncles/Aunts: Cousins/Special Friends: Preceded in death	
Uncles/Aunts: Cousins/Special Friends: Preceded in death	
Cousins/Special Friends:	Sister(s):
Cousins/Special Friends:	
Cousins/Special Friends:	
Cousins/Special Friends:	Uncles/Aunts:
Cousins/Special Friends:	
Preceded in death	
Preceded in death	
	Cousins/Special Friends:
(**List Names of family members who have passed on before your loved one**)	
	(**List Names of family members who have passed on before your loved one**)

<u>Pallbearers</u>	Honorary Pallbearers	<u>Flower Bearers</u>
Acknow	vledgement/ Special Thanks from the	<u>family</u>
	Cemetery Details	
Name of Cemetery:		t Date:
Repast Location:		
Please list 1 contact person who will over authorization to print the funeral progra Disclosure: Signing this form releases liabili program after you, the family, have authorized af	m for funeral services. ity from Walker Funeral Service & Chapel of	of any additional errors found in the printed tly responsible for all financial obligations
Name:		
Phone:		
Email:		