



Obituary Information Form

Newspaper(s)/Date(s) to run: _____

Family Contact Name: _____ Phone #: _____

Family Contact E-Mail: _____

Photo Included? Yes No Would you like photo returned? Yes No

Name of Deceased: _____ Date of Death: _____ M/F: _____

City & Location of Death (hospital, home, care center etc.): _____

Age: _____ Place of Birth: _____ Date of Birth: _____

Father's Full Name: _____ Mother's Full Name: _____

Marital Status: _____ Place of Marriage: _____ # of Years Married: _____

Spouse's Name: _____ City of Residence: _____ # of Years: _____

Other Cities/Communities of Residence (include # of years at each residence): _____

Education (schools, degrees, awards, years): _____

Occupation/Employment History (company, include # of years, position, retired): _____

Military (branch, rank, awards): _____

Community & Fraternal Clubs/Organizations/Services: _____

Awards, Special Achievements: _____

Religious Affiliation: _____

Church (Name & Location): _____

Service Information

Visitation:

Date: _____ Time: _____ Place: _____

Additional Information: _____

Rosary/Prayer Service:

Date: _____ Time: _____ Place: _____

Additional Information: _____

Service

Memorial Funeral Graveside

Type of service (check one): Celebration of Life Mass of Christian Burial

Date: _____ Time: _____ Place: _____

Additional Information: _____

Disposition:

Private (check one)? Yes No

Type (check one): Burial Cremation (inurnment or interment)

Date: _____ Time: _____ Place: _____

Additional Information: _____

Memorial Contributions: Are Memorial Contributions to be in lieu of flowers? Yes No

Family suggests memorials to (charity or organization & city/state): _____
