

**OBITUARY INFORMATION FORM**

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

Cause of death (or presumed cause) \_\_\_\_\_

Birth date \_\_\_\_\_

Parents' names (including mother's maiden name) \_\_\_\_\_

\_\_\_\_\_

Education (including any honors and degrees earned) \_\_\_\_\_

\_\_\_\_\_

Military service (including rank and war served in, if any, and where stationed) \_\_\_\_\_

\_\_\_\_\_

Marriage(s) \_\_\_\_\_

Professional licenses held \_\_\_\_\_

Employment history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Memberships in civic and fraternal organizations and clubs (including offices held) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church/religious affiliations \_\_\_\_\_

Hobbies and other activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survivors and city and state where they live in the following order: spouse, children, grandchildren, great-grandchildren (and so on), parents, grandparents, brothers, sisters, nephews, nieces, cousins, friends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family and friends previously deceased \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day, date, time and location of services \_\_\_\_\_

\_\_\_\_\_

Officiating \_\_\_\_\_

Place of burial/ entombment \_\_\_\_\_

Visitation \_\_\_\_\_

Any prayer services or other services \_\_\_\_\_

\_\_\_\_\_

Memorial funds established or other requests \_\_\_\_\_

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Miscellaneous information, including thanking caregivers, etc. \_\_\_\_\_

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Contact information for person submitting form:

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