

Newspaper Obituaries Guideline Form:

Name of Deceased:

Date of Birth: **Date of Death:**

Date of Family / Friends Viewing:

Location: **Viewing Time:**

Date of Church Services:

Church and Location:

Viewing Time: **Service Time:**

Interment:

Survived By:

Spouse:

Mother:

Father:

Daughter(s):

Son(s):

Grandparent(s):

Grandchild(ren):

Brother(s):

Sister(s):

Aunt(s):

Uncle(s):

Niece(s):

Nephew(s):

Cousin(s):

In law(s):

**Special
Friend(s):**

Name:

Date:

I Acknowledge that the information provided is accurate to the best of my ability, I will not hold Divine Funeral Services and Crematory, LLC responsible for any wrong spelling of names.

Please Email this information to divinefuneralservices@gmail.com

It must be in paragraph form