OBITUARY FORM

Sex: **MALE** **FEMALE** **City/State of Residence:** _____

Name of Deceased: _____ **Age:** _____

Date of Birth: _____ **Place of Birth:** _____

Date of Death: _____ **Place of Death:** _____

Veteran: **YES** **NO** **Military Branch:** _____

Occupation: _____

Preceded in Death by: _____

_____

_____

_____

SURVIVED BY:

HUSBAND **WIFE** **:** _____

SONS:

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

DAUGHTERS:

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

GRANDCHILDREN:

GREAT-GRANDCHILDREN:

GREAT-GREAT-GRANDCHILDREN:

OBITUARY FORM

PARENTS: _____

BROTHERS:

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

SISTERS:

_____ of _____

_____ of _____

_____ of _____

_____ of _____

_____ of _____

Check all that Apply: **UNCLES** **AUNTS** **NIECES** **NEPHEWS** **COUSINS**

SERVICE INFORMATION: **CREMATION** **BURIAL**

Wake Service: **YES** **NO** **Casket:** **OPEN** **CLOSED**

Date of Service: _____ **Visitation:** _____ **Service/Mass:** _____

Place of Service: _____

Place of Burial / Internment: _____

Attire: **CASUAL** **ALOHA** **Flowers:** **OMIT** **OPEN**

OTHER SPECIAL INSTRUCTIONS:

Services Approved By: _____ _____

Signature Date