

Print Only

Verify All Names & Dates



8132 Garners Ferry Rd
PO Box 90403
Columbia, SC 29209

Date:

NEWSPAPER FORM

Name: _____ Age: _____

Place of Death: _____ Place of Birth: _____

Occupation: _____

Served in the US Armed Forces? ☐ Yes ☐ No Branch? _____

A Member of what church? _____

List Memberships: Fraternity, Sorority, Auxillary, etc. _____

Date of Funeral: _____ Place: _____

Time: _____ Minister: _____ Interment: _____

Survivors: (Immediate Family and Town of Residence)

Father's Name: _____ Living? _____

Mother's Name: _____ Living? _____

Husband/Wife: _____

Son(s): _____

Daughter(s): _____

Brother(s): _____

Sister(s): _____

Number of Grandchildren: _____ Number of Great Grandchildren: _____

Please list any additional information on reverse side.