

Deceased Name \_\_\_\_\_

LAST

FIRST

MIDDLE

City \_\_\_\_\_ State \_\_\_\_\_ Formerly of \_\_\_\_\_

Passed Away \_\_\_\_\_

DAY OF WEEK

DATE

Place of Passing \_\_\_\_\_

How Long Ill? \_\_\_\_\_ Age \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Residences \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Deceased: ☐ Yes ☐ No

Location of Marriage \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Employed by \_\_\_\_\_ How long? \_\_\_\_\_

Member of church, social organizations or special interests \_\_\_\_\_

Surviving are \_\_\_\_\_

Funeral Service Location \_\_\_\_\_

Time \_\_\_\_\_ Date \_\_\_\_\_

Officiant \_\_\_\_\_ Burial Location \_\_\_\_\_

Friends may call at \_\_\_\_\_

Family present on: Date \_\_\_\_\_ Time \_\_\_\_\_

Special services \_\_\_\_\_

Those planning an expression of sympathy may wish to consider memorial to \_\_\_\_\_