

Obituary Information

The Capital

Name of deceased in full (no initials) _____ Age _____
Nickname (if any) _____ Sex of deceased _____
Home area _____ Telephone _____
Length of residence _____ Previous residence _____
Date of death _____ Place of death _____
Cause of death _____ Length of illness _____

Life History: Please attach additional information if needed.

Date of birth _____ Birthplace _____
Education (*where and when, degrees*) _____

Employment (*position, where and when*) _____

Military (*rank, service, assignments, medals*) _____

Unusual or interesting achievements _____

Memberships in churches and organizations, offices held _____

Hobbies and interests _____

Survivors

Spouse _____ Living _____ Deceased (*when*) _____ Married (*when*) _____
Former spouse _____ Married (*when*) _____ Divorced (*when*) _____ Deceased (*when*) _____

Sons	Residence (<i>city, state</i>)	Daughters	Residence (<i>city, state</i>)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Brothers	Residence (<i>city, state</i>)	Sisters	Residence (<i>city, state</i>)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Survivors *(continued)*

Grandsons	Residence <i>(city, state)</i>	Granddaughters	Residence <i>(city, state)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of great-grandchildren _____; great-great-grandchildren _____

Parents <i>(note, if living or deceased)</i>	Residence <i>(city, state)</i>
_____	_____
_____	_____

Grandparents <i>(note if living or deceased)</i>	Residence <i>(city, state)</i>
_____	_____
_____	_____

Arrangements

Visitation *(time, date, place)* _____

Services *(check type)*:

Funeral _____ Memorial _____ Graveside _____ Mass of Christian burial _____ Memorial Mass _____ Other: _____
Date, time, place _____

Burial _____ Inurnment _____ Cremation _____ Anatomy Board _____ Private _____
Date, time, place _____

Donations (yes _____ no _____ or in lieu of flowers _____)
To Whom _____
Address _____

Second Donation

To Whom _____
Address _____