

## OBITUARY INFORMATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Age: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Military Rank: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Parent Names: \_\_\_\_\_

High School/College: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Spouse(s): \_\_\_\_\_ Marriage Date(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

Awards: \_\_\_\_\_

Accomplishments: \_\_\_\_\_

Membership(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Volunteer Position(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Survivor(s): \_\_\_\_\_

Predeceased by: \_\_\_\_\_

Funeral Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Cremation/Interment: \_\_\_\_\_ Officiant: \_\_\_\_\_

Visitation/Service: \_\_\_\_\_

Special Thanks/Requests: \_\_\_\_\_

Address for Flowers/Donations: \_\_\_\_\_

Contact Information: \_\_\_\_\_