

****NOTE: Family must proof final obituary, either in person or by email prior to publication.**

Proofer Name: _____ **Phone:** _____ **Email Address:** _____

Obituary Information

Newspaper _____ City, State _____ Run Date for Obituary _____

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Complimentary online obituary and guestbook at www.FuneralAlternatives.org Yes ___ No ___

Do you want to use a picture for the newspaper obituary? Yes ___ No ___ Online photo? Yes ___ No ___

NAME for Obituary: _____

Date of Birth _____ City and State (or country) of Birth _____

Parents Names _____

Date of Death _____ City and State of Death _____

Cause of death (if you choose) _____

Service Date and Time _____ Place _____

Address of Service _____

Residence: _____ length of time there: _____

Other places of residence (dates if possible) _____

Education (List city, state, dates of high school and college graduation, degrees, etc.) _____

Date and place of marriage (Include wife's maiden name, date of death if deceased) _____

If remarried, name, date and place: _____

Military service (branch, date and place of service including any Wars and Theaters) _____

Occupation (dates, companies or organizations) _____

Hobbies and Interests _____

Memberships (Church, club, lodges, etc., location and offices held) _____

Personality Traits and Anecdotes: _____

SURVIVORS: (names with city and state of residence if desired)

Spouse _____

___ Sons _____

___ Daughters _____

___ Brothers _____

___ Sisters _____

Parents' _____

Grand Parents _____

Deceased Relatives (Name and Relationship):

Number of: _____ Grandchildren _____ Great grandchildren _____ Great-great grandchildren

Memorial Donations suggested to: (organization name and address) _____

Additional Information: _____
