

OBITUARY INFORMATION

This is information that we will need for our records and for a newspaper obituary/death notice. Please bring this completed form with you for the scheduled arrangement conference.

Name As It Should Appear	r In Newspaper		
Age	Date & Location of Death _		
Preferred Day/Time of Vis	sitation		
Preferred Day/Time of Me	emorial or Funeral Svc		
Preferred Day/Time & Place	ce of Burial		
	• •	ers to Contact	
		al Information	
Date of Birth		Place of Birth	
Mother (Maiden)		Father	
Married to (Maiden)		Date/Place	
Education			
		Detec	
Additional information & I			
Predeceased By			
, <u> </u>			

Survivors & Relationship

Relationship	Name	City	Phone
Memorial Contributions			
	Pallbea	rers	
Name	Phone	Name	Phone
Honorary Pallbearers			

Items to Bring to the Funeral Home

Full set of clothing including under garments (Shoes Optional) Picture for hairdresser or newspaper Glasses and/or jewelry Military Discharge Papers (required to receive flag)
Insurance Policies
Photos for video (15-20)