

## HISTORY/OBITUARY FORM

(Please fill out as completely as possible. Our representative will contact you for the information.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long:

Place of Birth (City and State): \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Spouse's Name (Maiden): \_\_\_\_\_

Place of Marriage (City, State, and Church):  
\_\_\_\_\_

Children's and Grandchildren's Names and Addresses (City and State):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Siblings' Names and Addresses (City and State):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Preceded in death by (Name and relation):

_____	_____
_____	_____

Parent's Names (Mother's Maiden):

_____	_____
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Places where the deceased had lived:

_____	_____
_____	_____

**Education and Degrees earned:**

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**Employment, where and how long:**

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**Clubs, Organizations, and Church affiliation:**

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**Hobbies:**

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**Are you a Veteran? \_\_\_\_\_ Branch: \_\_\_\_\_ # of Years: \_\_\_\_\_**

**Which war: \_\_\_\_\_ (Please attach a copy of your discharge papers)**

**Organizations for which you would like a memorial fund established:**

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**Newspapers in which you would like an obituary published:**

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**Other information for newspapers (personal info, special thanks, etc.)**

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