

## Obituary & Service Planning Form

Name First	Mi	ddle	L ast	L as	t N ame Prior to Any Marriage		
Date of Death			Time of Death				
Deceased's Address:							
Place of Death:	City:			State:	Zipcode: County:		
	City:			State:	Zipcode: County:		
Sex:	Race - Ethnicity:		Marital Status:				
Date of Birth: Age:			Social Security Number:				
Birthplace:			Citizenship:				
Father's Full Name:							
First Mother's Full Name:		Middle	Last		Last Name Prior to Any Marriage		
-	irst Retired"):	Middle	Last	Employer:	Last Name Prior to Any Marriage		
Name of Spouse			Date and Place of Marriage:				
F	irst	Middle	Last		Last Name Prior to Any Marriage		
Highest Education:		School(s):		G	raduating Year(s):		
Veteran: Y/N	Branch of Service:		DD214/Discharge Papers Available?: Y / N				
Informant/Contact Person:		Relationshi	p:				
Address:				E-mail:	Phone:		
	Clubs, Organiz	ations, Church Affilia	tion, Hobbies	, Favorite Thir	ngs		

## **SURVIVORS LIST**

Father
Mother
Spouse
Children (in order of age)
Grandchildren (# or names)
Great-Grandchildren (# or names)
Siblings (in order of age)
Other Family Members/Special Friends/Pets:
Preceded in Death by:

## SERVICE DETAILS

Funeral / Mass / Celebrat	tion / Memorial Service		Visitation / Gathering		
Date:		Date	:		
Time:		Time	Time:		
Place:		Place	2:		
Clergy:		Clerg	ду:		
Music:		Musi	c:		
Urn/Casket Bearers		Hone	Honorary Bearers		
	FINAL DISPOS	ITION			
Burial / Cre	mation & Burial / Niche / N		/ Return to Family		
	ity:	<u>`</u>			
Plot Owner:					
Section:	Lot:		Grave:		
	OTHER SERVICE D	ETAILS:			
Memorial Fund:					
Military Honors Requested:	Flag Presentation?	Taps?	Gun Salute?		
Other Notes:					