

**Standard Obituary Guideline Form**

Full name of deceased: \_\_\_\_\_

Age: \_\_\_\_\_ of: \_\_\_\_\_

Date of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

Duration of illness: \_\_\_\_\_

If married woman, give maiden name: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

\_\_\_\_\_

Name and residence of parents if living: \_\_\_\_\_

Married, when, where and to whom: \_\_\_\_\_

\_\_\_\_\_

Does husband or wife survive? \_\_\_\_\_

Name of surviving children (spouse) and city, state:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of grandchildren \_\_\_\_\_ Number of great-grandchildren \_\_\_\_\_

Names and residences of surviving brothers (spouse) and sisters (spouse):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preceded in death by: \_\_\_\_\_

Background information, accomplishments, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clubs/Organizations/hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

US Veteran information: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation of spouse: \_\_\_\_\_

Time and place of Funeral/Memorial Service \_\_\_\_\_

\_\_\_\_\_

Evening Prayer service: \_\_\_\_\_

Friends may call (Visitation): \_\_\_\_\_

\_\_\_\_\_

Cemetery: \_\_\_\_\_

Name of minister: \_\_\_\_\_

Family prefers memorials to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_