**Obituary Worksheet**

**Please print, fill out, scan and email to compbycarnes@gmail.com**

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Name of Deceased: Age: Gender:

Date of Death: Place of Death: Cause of Death:

Date of Birth: Place of Birth:

Father’s Name: Mother's Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Middle Last First Middle Maiden Last

Educational Background:

High School Name Location (city & State)

Trade School/College Degree Location (City & State)

Name of Spouse – Include Maiden Name: Date of Marriage:

Location of Marriage: Is Spouse Surviving? If Not, Date & Location of Death:

City State

Resident of: Length of time in area:

City State

Moved to area from:

City State

Decedent’s Occupation / Work History: (Include company name(s), location(s), years employed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Statement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Information:

Military Information:

Survivors

Spouse: City & State:

Paternal Grandparents: City & State:

Maternal Grandparents: City & State:

Parents: City & State:

( ) Sons: City & State:

City & State:

City & State:

( ) Daughters: City & State:

City & State:

City & State:

( ) Brothers: City & State:

City & State:

City & State:

( ) Sisters: City & State:

City & State:

City & State:

Number of Grandchildren: Number of Great-grandchildren:

Preceded in Death by (Names, Relationship & Date):

Visitation:

Time Day/Date Location Address

Service Information (Circle Type of Service) Funeral Memorial Graveside

Time Day/Date Location Address

Officiating Clergy:

Place of Burial (If Applicable): Name of Cemetery City State

Memorial Contributions:

Name of Organization Website

[Please feel free to use this space for any additional information about your loved one: hobbies, interests, travel, stories…etc]