



OBITUARY WORKSHEET

_____, age _____, of _____
Name of Deceased Residence: City & State

died _____ at the _____
Date of Death Place of Death (optional)

following a _____, he/she was born in _____
Cause of Death (ie. Extended Illness) Place of Birth: City & State

the son/daughter of (the late) _____
Parents names, Including Mother's Maiden Name

On _____, he/she married _____
Date of Marriage Name of Spouse

at the _____. Together they shared _____.
Place of marriage Years of Marriage

Survivors include: _____

He/she was preceded in death by (optional): _____

Work history (optional): _____

Church/Club/Organization Memberships & Leadership positions (optional): _____

- Photo, Please e-mail to us at: _____
- Newspaper _____ Newspaper _____
- VeteransFuneralCare.com Other Special Announcements: _____

Places lived...where and when (optional): _____

Hobbies/Interests (optional): _____

Proudest Achievements (optional): _____

What makes them unique (optional): _____

Acknowledgements and thank yous (optional): _____

Visitation will be held (optional): _____
Time, Date and Place

Funeral/Memorial will be held (optional): _____
Time, Date & Place

Inurnment will be held at (optional): _____
Name & Address of Cemetery

Memorial contributions may be made to (optional): _____
Name and Address