



THE DAILY NEWS

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OBITUARY INFORMATION

Name: _____ Age _____ Years

Address: _____

Died (Hour, A.M. P.M.): _____ Date: _____

Place of Death: _____

How Long Ill: _____ Cause of Death: _____

If Coroner's Case Check: _____ Reported By: _____

Visitation: _____ Funeral Home: _____

FUNERAL SERVICE: Hour: _____ Date: _____ Place: _____

Minister(s): _____

MEMORIAL SERVICE: Hour: _____ Date: _____ Place: _____

Cemetery: _____

Pallbearers: _____

Date of Birth: _____ Where Born: _____

Father's Name: _____

Mother's Maiden Name: _____

How long deceased lived in Ray County: _____

MARRIED TO WHOM: _____ Date: _____

Of _____ Died: _____

To _____ Date _____

Of _____

SURVIVORS (Please give names and addresses)

Spouse of Deceased: _____

Surviving Parent(s) of Deceased: _____

OBITUARY INFORMATION (CONTINUED)

Sons: _____

Daughters (Give Married Names): _____

Brothers: _____

Sisters: _____

Number of Grandchildren: _____ Great-grandchildren _____

MISCELLANEOUS

Church and Lodge Affiliations - Public Offices - Business Career, Etc.: _____

