

## OBITUARY GUIDELINE FORM

Please select publication:  Mail Tribune  Daily Tidings  Both

Requested Date(s) of Publication: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Deceased Information

Name of Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Survivors: \_\_\_\_\_

Preceded in Death by: \_\_\_\_\_

### Optional Information

Parents: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Marriage Place: \_\_\_\_\_

Military Service: \_\_\_\_\_

Employment: \_\_\_\_\_

Memberships / Clubs / Churches: \_\_\_\_\_

Hobbies: \_\_\_\_\_

### Service Information

Type of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_ Officiating: \_\_\_\_\_

Visitation Date: \_\_\_\_\_ Visitation Time: \_\_\_\_\_ Visitation Location: \_\_\_\_\_

Memorial Contributions to: \_\_\_\_\_

Arrangements Handled by: \_\_\_\_\_