

# Obituary Form

Full Name: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Date and hour of Death: \_\_\_\_\_

Death Occurred Where: \_\_\_\_\_ Length of Illness: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

Funeral Services (were, will be) held, date, hour and place: \_\_\_\_\_

Conducting Minister: \_\_\_\_\_ Assisted By: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

Interment: \_\_\_\_\_ Under the direction of: \_\_\_\_\_

Date of Deceased's birth: \_\_\_\_\_ Place: \_\_\_\_\_

Parents' name: \_\_\_\_\_

Married: (Name, Date, and Place): \_\_\_\_\_

Education and Occupations: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Survived by: \_\_\_\_\_

Family visitation: Date, hour, and place: \_\_\_\_\_

***Please fax this form to (903) 564-9655  
or e-mail it to [brad@whitesboronews.com](mailto:brad@whitesboronews.com)***