

Obituary Form

PLEASE NOTE: IF THERE ARE ANY CHARGES FOR THIS OBITUARY PLEASE CONTACT THE FAMILY MEMBER LISTED BELOW PRIOR TO RUNNING THE OBITUARY.

Mr. NAME _____ MAIDEN NAME _____
 Mrs. DATE OF DEATH _____ AGE _____
 Ms. CITY OF RESIDENCE _____
 Miss CAUSE OF DEATH _____

SERVICE INFORMATION

A _____
SPECIFY TYPE OF SERVICE: FUNERAL, MEMORIAL SERVICE OR GATHERING
will be at _____
TIME, DATE AND LOCATION FOR SERVICE

PRIVATE SERVICE
 NO SERVICE

BACKGROUND INFORMATION NEEDED FOR ALL OBITUARIES

Birthdate and City, State of Birth _____
Spouse (include maiden name) _____ Year married _____ If spouse is deceased, year of death _____
Job title (includes homemaker) _____ Primary employer _____
Chronology of years, cities lived in Metro area _____

Other information _____

EDUCATION, MILITARY SERVICE

SURVIVORS: NAMES OF SPOUSE, DAUGHTERS, SONS, STEPCHILDREN, PARENTS, SISTERS, BROTHERS, COMPANIONS

RELATIONSHIP

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren _____ Number of great-grandchildren _____ Number of great-great-grandchildren _____

Remembrance to _____

LIMITED TO ONE CHARITABLE ORGANIZATION

Name of funeral home or cremation service **AUTUMN FUNERALS AND CREMATIONS** Phone **503.443.4900**

Required contacts: Family member _____

Daytime phone _____ Evening phone _____

PLEASE NOTE: CHECK ALL FACTS, NAMES, SPELLINGS AND DATES CAREFULLY ON THIS ENTIRE FORM BEFORE SIGNING BELOW.
WE WILL NOT REPRINT OBITUARIES TO CORRECT ERRORS CAUSED BY INCORRECT OR INCOMPLETE INFORMATION ON THIS FORM.

I AM A FAMILY MEMBER (OR EXECUTOR) AND HAVE PROOFREAD THIS FORM.

Signed _____ Date _____