



## Obituary Worksheet

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ passed away on \_\_\_\_\_  
*Name of Deceased* *Age* *Residence: City & State* *Date of Death*  
at \_\_\_\_\_ o'clock at \_\_\_\_\_. Funeral/memorial/graveside (circle one)  
*Time of Death* *Place of Death (optional)*  
services will be held \_\_\_\_\_ am/pm, \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
*Time* *Day of the week* *Month & Day* *Year*  
\_\_\_\_\_, \_\_\_\_\_  
*Place of Service* *City, State*

Visitation will be held \_\_\_\_\_  
*Time, Date, Place*

Mr./Mrs./Ms. \_\_\_\_\_ was born \_\_\_\_\_ in \_\_\_\_\_  
*Last Name* *Date of Birth* *Place of Birth: City & State*

Personal background (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Memorial contributions may be made to/In lieu of flowers: (please select)  
\_\_\_\_\_  
\_\_\_\_\_

Arrangements made by: \_\_\_\_\_  
*Name of Facility & Phone Number*

Check all necessary boxes where obituary needs to be placed:

☐ Photo ☐ Newspaper \_\_\_\_\_ ☐ Newspaper \_\_\_\_\_  
☐ Newspaper \_\_\_\_\_ ☐ Butler-Stumpff.com ☐ Other \_\_\_\_\_  
*(Special Announcements)*

