

Name of proofer: _____ E-mail: _____



Obituary Information

***NOTE: Family MUST PROOF final obituary, either in person or by e-mail PRIOR to publication.**

info@FuneralAlternatives.org • www.FuneralAlternatives.org

455 North St. SE • Tumwater, WA 98501 • phone 360-753-1065 • fax 360-357-6711 • 2830 Willamette Dr. NE, Suite G • Lacey, WA 98516 • phone 360-491-2222 • fax 360-491-9210

List Newspaper(s) (Including City and State): _____

Complimentary online obituary and guestbook at www.FuneralAlternatives.org Yes ___ No ___

Do you want to use a picture for the newspaper obituary? Yes ___ No ___ Online Photo? Yes ___ No ___

Name for Obituary: _____

Date of Birth: _____ City and State (or Country) of Birth: _____

Parents Names: _____

Date of Death: _____ City and State (or Country) of Death: _____

Cause of Death (if you choose): _____

Service Date and Time: _____ Place: _____

Address of Service: _____

Residence: _____ Length of time there: _____

Other places of residence (dates if possible): _____

Education (List city, state, dates of high school and college graduation, degrees, etc.): _____

Date and place of marriage (Include wife's maiden name, date of death if deceased): _____

If remarried, name, date, and place: _____

Military service (branch, date and place of service including Wars and Theaters): _____

Occupation (dates, companies, organizations): _____

Hobbies, Interests: _____

Memberships (Churches, clubs, lodges, etc, location and offices held): _____

Personality Traits and Anecdotes: _____

Survivors (names with city and state of residence):

Spouse _____

____ Sons _____

____ Daughters _____

____ Brothers _____

____ Sisters _____

Parents _____

Grand Parents _____

Deceased Relatives (Name and Relationship): _____

Number of : _____ Grandchildren _____ Great grandchildren _____ Great-great grandchildren

Memorial Donations suggested to (organization name and address): _____

Additional Information: _____

