

PROGRAM /NEWSPAPER INFORMATION

www.LifeAfterWords.com . 314.361.8572

Full Name: _____

Nickname(s): _____

Family Contact: Name _____

Telephone Number (_____)_____

E-mail_____

Birthplace: City/State _____

Date of Birth: Month/Date/Year _____/_____/_____

Date of Death: Month/Date/Year _____/_____/_____ Age _____

Cause of Death: Type of illness/type of accident:

Location at Death: Facility Name _____

City/State _____

Current Residence: City/State _____

Memorial Contributions: Organization Name _____

Address _____

City/State/ZIP _____

Religion: Place of Worship_____

Pastor/Religious Leader _____

Length of Membership_____

Offices Held (Usher, Deacon, Choir, etc.) _____

Date Baptized _____

Place Baptized _____

Funeral Arrangements: **Funeral Home:**

Name_____

Address _____

City/State/ZIP _____

Phone (_____)_____

Web Page_____ E-Mail_____



Visitation:

Day/Date _____ Time _____

Place Name _____

Address _____

City/State _____ ZIP _____

Telephone Number(_____) _____

E-Mail _____

Web Page _____

Service:

Day/Date _____ Time _____

Place Name _____

Address _____

City/State _____ ZIP _____

Telephone Number(_____) _____

E-Mail _____

Web Page _____

Burial:

Day/Date _____ Time _____

Place Name _____

Address _____

City/State _____ ZIP _____

Telephone Number (_____) _____

E-Mail _____

Web Page _____

Cremation:

Where ashes will be spread:



Immediate Survivors: (List Name, City and State)

Spouse *(if wife, maiden name)* _____

(Date of Marriage ___/___/___ Place _____)

Father _____

Mother _____

Sons (Wives) _____

Daughters (Husbands) _____

Brothers (Wives) _____

Sisters (Husbands) _____

Number of: Grandchildren _____ Great Grandchildren _____

Any others to be mentioned (relationship) _____

Immediate Deceased:

Spouse *(if wife, maiden name)* _____

(Date of Marriage ___/___/___ Place _____)

Father _____

Mother _____

Sons _____

Daughters _____

Brothers _____

Sisters _____



Education:

High School _____

University _____

Degree _____

Trade School _____

Degree _____

Employment:

Name of Organization _____

Title _____

Dates _____ Length of Service _____

Name of Organization _____

Title _____

Dates _____ Length of Service _____

Name of Organization _____

Title _____

Dates _____ Length of Service _____

Military Service

Dates _____

Highest Rank _____

Medals/Awards _____

Name of War _____

Volunteer Affiliations

Name of Organization _____

Office(s) Held _____

Name of Organization _____

Office(s) Held _____

Name of Organization _____

Office(s) Held _____

Honors/Awards:



