

OBITUARY WORKSHEET

			passed aw	ay at	
Name of Deceased	Age	Residence: City & State Cause of Death (optional)		Date of Death	
	_, from		Fun	eral/memorial/gra	veside
services will be held	am/pm	,,		., 20 at	
Time	ļ	Day of the week M	lonth & Day	Year	
Place of Service		City, State		·	
Visitation will be held					_
		Time, Date, Pla	ice		•
Mr./Mrs./Ms.	was bo	rn in			
Mr./Mrs./Ms Last Name		Date of Birth	Place	of Birth: City & State	·
Personal background (op	otional):				
He/she was preceded in	death by	(optional):			
rio, si io vi do procede di iii		(0) 11011011/1			
_					
Survivors include:					
Memorial contributions m	ay bo ma	do to/In liqu of flows	rc: /plages	lo ol)	
Memorial Commoditoris in	idy be ma	de 10/111 lieu di 110we	is. (piease se	ect)	
Arrana a ana anta na a da la u					
Arrangements made by:	Name of Facility & Phone Number				
	Name of Facility & Phone Number				
				_	
Photo	── New	spaper		[→] Newspaper	
]	
└─ Newspaper	└─ My	CarolinaCremation.c	om 🗀	Other (Special Announce	ements)