



OBITUARY WORKSHEET

_____ passed away _____ at _____
Name of Deceased Age Residence: City & State Date of Death
 _____, from _____. Funeral/memorial/graveside
Place of Death (optional) Cause 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

- Photo
- Newspaper
- Newspaper
- Newspaper
- MyCarolinaCremation.com
- Other (*Special Announcements*)