

LEGACY

FUNERAL & CREMATION CARE

Obituary Notice Guidance Form

Name: (Given/Full Name, Nickname, AKA, Surname, etc.) _____ **Age:** _____

Residence of: (City or County) _____ **Years in Area:** _____

Date of Death: ____/____/____ **Place of Death:** _____

Date of Birth: ____/____/____ **Place of Birth:** _____

Father's Full Name: _____

Mother's Maiden Name: _____

Education: (Schools /Majors/Degrees) _____

Career/Profession: _____

Companies: _____

Marriage to: _____ **Date:** ____/____/____

Accomplishments/Awards: _____

Hobbies/Interests: _____

Life Events: (e.g. Special Occasions, Milestones, Community Life, Important Events) _____

Preceded in Death By: (Immediate Family) _____

Survived By: _____

Memorial/Funeral Services at: _____

Day: _____ **Date:** ____/____/____ **Hour:** _____AM / PM

Place of Interment: _____

Memorial Contributions to: _____

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Additional Information
