



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

_____. Visitation will be held _____
Place of Service City, State 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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Photo | <input type="checkbox"/> _____
Other Newspaper | <input type="checkbox"/> _____
Other Newspaper |
| <input type="checkbox"/> Plain Dealer | <input type="checkbox"/> _____
Other Newspaper | <input type="checkbox"/> ClevelandCremation.com
Online Tribute page |