## Call Newspapers

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## **OBITUARY FORM Please type or print plainly**

Name of deceased	Date Submitted
Funeral Home_	ByPhone
Full Name of Deceased	, nee (maiden name)
(age), died (when, time and date)	at (where)
Born in (town or state)	Mr./Mrs./Miss (name)
resided in (where)	for (number of)years
He/She was employed by/retired from (name of company)	
for (number)of years.	
Mr./Mrs./Miss (name)	was a member of (list civic, fraternal, religious, veterans
organization and honors)	
survivors include (name, relationship, town)	
	ress)
	with (minister's
name)	officiating, Burial will be/was in (cemetery)
Visitation starts/was held at (time of day)	, at (add funeral home name, address if held
at church)	
Submitted by	telephone
Photo submitted? Yes No	