

## Obituary Worksheet

\_\_\_\_\_ passed away on \_\_\_\_\_  
*Name of Deceased*                      *Age*                      *Residence: City & State*                      *Date of Death*

at \_\_\_\_\_ o'clock at \_\_\_\_\_. Funeral/memorial/graveside  
*Time of Death*                      *Place 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*

Check all necessary boxes where obituary needs to be placed:  
 Photo                       Newspaper \_\_\_\_\_                       Newspaper \_\_\_\_\_  
 Newspaper \_\_\_\_\_                       TulsaCremation.com                       Other \_\_\_\_\_