

## Obituary Template

Please save to your computer, fill out red areas that would apply or that you would want in the paper. You can then print or email when completed.

(Name), (age), of (Town), passed away on (Date of death) in (town of death).

(Rosary or Visitation, if any) will be (time) (day) (date) at (place of Rosary or Visitation, if any)

Funeral services will be held (time of funeral) (day of funeral) (date of funeral) at (place of funeral) with the (name of minister) of (name of church), officiating. Burial will follow at (name of cemetery). Arrangements are by (name of funeral home).

(Name) was born (place of birth) to (name of parents) on (date of birth). He/she went to school at (town). He/she married (name of spouse) on (anniversary date) in (place of marriage). He/she graduated from (name of university). He/she worked as a (type of job) for (name of company) for (number of years worked). He/she was a veteran of (which war) and served in the (Army, Navy, Air Force, Marines) and was awarded (list any medals). He/she was involved in (list any clubs, civic organizations, leagues, religious orders, etc.). He/she received (list any honors, awards or achievements).

(Name) is preceded in death by (list persons passed on before).

(Name) is survived by (list all survivors, 1st: spouse, 2<sup>nd</sup>: Children and spouses, 3<sup>rd</sup>: brothers and sisters, 4<sup>th</sup>: parents, if living, 5<sup>th</sup>: Grandchildren and great-Grandchildren, 6<sup>th</sup>: any other persons wanted to list)

Pallbearers will be (list pallbearers, if needed)

Memorials may be given to (list where memorials go to, if any)

The family of (name) wishes to extend our sincere thanks to (list Dr.'s name, nurses, hospice organizations, special persons, churches, etc.)