



BERGE • PAPPAS • SMITH
CHAPEL
of the **ANGELS**
Funerals & Cremations

Obituary Form

Name of deceased: _____

Sex: _____ Age: _____

Maiden name (if married): _____

Place of death (home/name of hospital/other): _____

Date of death: _____ Long/short illness: _____

Place of residence (specific community/town/city): _____

Date deceased left the area (if applicable): _____

Birthplace (city/state): _____

Occupation (name of firm, location, Job title): _____

Dates of employment: _____

Date of retirement (if applicable): _____

Education (schools and degrees): _____

Military service (branch, rank and activity; please be specific): _____

Religious affiliations: _____

Clubs, organizations, memberships, hobbies: _____

Honors/awards: _____

What effect did they have on others (family, friends, community)?:

How did they make you feel?:

What emotions come to mind when you think of their memory?:

(Continued on next page)



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Survivors

(The newspaper will only use names of the immediate family as listed below. The city or town and state of the survivors must be included):

Spouse: _____

Date of spouse's death (if applicable): _____

Daughters: _____

Sons: _____

Parents: _____

Sisters: _____

Brothers: _____

Grandparents: _____

Number of grandchildren: _____ Great-grandchildren: _____

Funeral services (times, dates, addresses of church and funeral home):

Burial/interment (include city/town):

Contact person with phone number: _____