

OBITUARY WORKSHEET

_____, age _____, of _____
Name of Deceased Residence: City & State

died _____ at the _____,
Date of Death Place of Death (optional)

following a _____.
Duration of Illness (ie. Extended illness)

On _____, he/she was born in _____
Date of Birth Place of Birth: City & State

the son/daughter of the late _____
Parents Names, Including Mother's Maiden Name

On _____, he /she married _____
Date of Marriage Name of Spouse

at the _____ . Together they shared _____
Place of Marriage Years of Marriage

Survivors Include: _____

He/she was preceded in death by (optional): _____

Work history (optional): _____

Church / Club / Organization Memberships and Leadership Positions (optional): _____

Photo
Please email to us at Photos@OhioCremation.org

Columbus Dispatch

Newspaper

Newspaper

OhioCremation.org

Other (Special Announcements)

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Places lived...where and when (optional): _____

Hobbies/Interests (optional): _____

Proudest Achievements (optional): _____

What makes them unique (optional): _____

Acknowledgements and thank yous (optional): _____

Visitation will be held (optional): _____

Time, Date & Place

Funeral will be held (optional): _____

Time, Date & Place

Burial / Inurnment will be held at (optional): _____

Name & Place of Cemetery

Memorial contributions may be made to (optional): _____

Name & Address

When you have completed the obituary worksheet, please email it to us at Obituaries@OhioCremation.org