



INFORMATION REQUIRED FOR OBITUARY ONLINE (WALLACE WEBSITE Free)
OR NEWSPAPER AND NEWSPAPER ONLINE OPERATIONS (@ Additional Cost)
(Cost of newspaper obituary is based on the amount of information you wish printed. Any information you do not wish printed, do not place on this form. This completed form and photo must be returned by 11 a.m. to the funeral home 2 days prior to selected publication post or print. wallacefuneraldirectors@gmail.com)

Name of Deceased: _____

Name responsible individual for arrangements of deceased _____

Telephone Number _____

Responsible contact e-mail address _____

(Wallace Funeral Director's Use Only)

Social Security Number of Deceased: _____

(Wallace Funeral Director's Use Only)

Age: _____

Address: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

Where was deceased born? _____

Father _____

(Surviving or Deceased)

Mother (first name) _____ (last name) _____

Maiden Name _____ (Surviving or Deceased)

If deceased was preceded in death by a spouse, please give name of deceased spouse:

If member of church, please give name and address of church:

Pastor: _____

List clubs, ministries, boards, etc., deceased was a member of in his/her church:

List educational accomplishments of deceased, giving name of school, city and state--
(high school graduate, college graduate, trade school, etc.)

Employed by _____

City, state: _____

Or retired from _____

City, state: _____

Please list any fraternal, professional memberships, civic, community activities, special interests, hobbies, etc. _____

Did he/she serve in military? ____ Branch? ____ Wars/Conflicts? _____

Recipient of special medals /awards? _____

PLEASE LIST ALL LIVING PERSONS YOU WISH TO INCLUDE IN THE NEWSPAPER OBITUARY, RELATIONSHIP, CITY AND STATE WHERE SURVIVOR RESIDES (FOR EXAMPLE, HUSBAND, WIFE, SONS, DAUGHTERS, SISTERS, BROTHERS, MOTHER, FATHER, MATERNAL GRANDPARENTS, PATERNAL GRANDPARENTS, ETC.) ALSO LIST SPOUSES IF YOU WISH THOSE NAMES INCLUDED.

Survivor _____ Relationship _____

City, State _____

Survivor _____ Relationship _____

City, State _____

Survivor _____ Relationship _____

City, State _____

Survivor _____ Relationship _____

City, State _____

Survivor _____ Relationship _____

City, State _____

Survivor: _____ Relationship _____
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City, State _____

Survivor _____ Relationship _____

City, State _____

(IF MORE SPACE IS NEEDED, PLEASE PLACE ON SEPARATE SHEET)

If you wish to print number of grandchildren, great-grandchildren, great-great-grandchildren, or step-grandchildren, rather than give names, please give number:
Number of grandchildren: _____, great-grandchildren _____, great-great-grandchildren _____, step-grandchildren _____, God-child _____.

If you wish printed in newspaper who **preceded deceased in death**, please list:

Name _____ Relationship _____

_____ Relationship _____

Viewing - please give date, time, place and address: _____

Service - please give date, time, place and address: _____

Give name of clergy for eulogy (if known): _____

Name of Cemetery for burial (if known) _____

If you wish to have memorial gifts made in memory of person printed in newspaper, please give complete name, address, and zip code of the organization:

IF THERE IS ADDITIONAL INFORMATION YOU WISH TO HAVE PRINTED IN NEWSPAPER OBITUARY, PLEASE SUBMIT ON A SEPARATE SHEET OF PAPER. THANK YOU. WE ARE ALWAYS AVAILABLE TO ASSIST.