

# Obituary Form

## Carolina Conference Communication Department

Your name \_\_\_\_\_ Position \_\_\_\_\_

Church/ School \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*\*\*Please fill out the information below and attach a funeral program if one is available \*\*\*\*

Full name of deceased: \_\_\_\_\_

Date of birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Date of death \_\_\_\_\_

City of death \_\_\_\_\_

Occupation(s) of deceased \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member of what church \_\_\_\_\_

City of church \_\_\_\_\_

Location of memorial service \_\_\_\_\_

Officiating pastor \_\_\_\_\_

Place of burial \_\_\_\_\_

Denominational service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survivors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_