



Obituary Helper

phone: 541-963-5022 fax: 541-963-2278 email: lfc@lovelandfuneralchapel.com

Name and Announcement

Full Name _____

Nickname _____ Maiden Name _____

Residence _____

Death Date _____ Death Place _____

Cause of Death (optional) _____

Life

Birth Date _____ Birth Place _____

Father Name _____ Mother (Maiden) Name _____

Places of Residence _____

Schools Attended _____

Marriage(s) _____

Employment _____

Awards, Recognition _____

Hobbies, Activities _____

Sports _____

Organizations _____

Achievements _____

Military _____

turn over →

Surviving Family

Spouse Name _____ Residence _____

Child Name _____ (Spouse) _____ Residence _____

Child Name _____ (Spouse) _____ Residence _____

Child Name _____ (Spouse) _____ Residence _____

Child Name _____ (Spouse) _____ Residence _____

Child Name _____ (Spouse) _____ Residence _____

Child Name _____ (Spouse) _____ Residence _____

Parents Names _____ Residence _____

Sibling Name _____ (Spouse) _____ Residence _____

Sibling Name _____ (Spouse) _____ Residence _____

Sibling Name _____ (Spouse) _____ Residence _____

Sibling Name _____ (Spouse) _____ Residence _____

Sibling Name _____ (Spouse) _____ Residence _____

Sibling Name _____ (Spouse) _____ Residence _____

of Grandchildren _____ # of Great Grandchildren _____ # nieces and nephews _____

Aunts and Uncles _____

Others _____

Predeceased Family

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I prefer my obituary to appear in the following newspaper(s): _____

In lieu of flowers, memorial donations may be made to: _____

I hereby authorize the preceding biographical information to be used for the above named Beneficiary, by Loveland Funeral Chapel, or their authorized agent for obituary purposes only.

Signed: _____

Print Name: _____

Date: _____