

# OBITUARY INFORMATION

Please fill out the following obituary information as completely as possible. Insure accuracy by double checking spellings and either typing or printing clearly.

NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Place of Burial \_\_\_\_\_

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

SURVIVORS (Immediate family only. Correct spelling is important):

\_\_\_\_\_  
(Name) (Relationship) (City) (State)

\_\_\_\_\_  
(Name) (Relationship) (City) (State)

\_\_\_\_\_  
(Name) (Relationship) (City) (State)

\_\_\_\_\_  
(Name) (Relationship) (City) (State)

\_\_\_\_\_  
(Name) (Relationship) (City) (State)

\_\_\_\_\_  
(Name) (Relationship) (City) (State)

Number of grandchildren \_\_\_\_\_; great-grandchildren \_\_\_\_\_; great-great-grandchildren \_\_\_\_\_

OTHER INFORMATION (Include denominational service, if any.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date sent \_\_\_\_\_

Sent by \_\_\_\_\_

Phone # \_\_\_\_\_

Church \_\_\_\_\_

Send to: LaVonne Dye – [ldye@arklac.org](mailto:ldye@arklac.org) or by mail to:  
PO Box 31000, Shreveport, LA 71130-1000