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			
ate of Birth Place of Birth			
Date of Death	f DeathPlace of Death		
Place of Burial			
Member of what church			
SURVIVORS (Immediate fam	ily only. Correct spelling is importa	ant):	
(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 (Inclu	ude denominational service, if any):	
		Date sent	
		Sent by	
Send to: Darlynn Villegas – <u>dvillegas@arklac.org</u> or by mail to: 7025 Greenwood Rd. Shreveport, LA 71119-8318		Phone #	
		Church	