

GEORGIA CREMATION



Obituary Worksheet

_____, _____, of _____ passed away on _____.
Name of Deceased Age Residence: City & State Date of Death

Funeral/Memorial/Graveside services will be held _____ am/pm, _____, _____, 20____.
Time Day of the week Month & Day Year

at _____, _____. Visitation will be held _____
Place of Service City, State Time, Date, Place

Mr./Mrs./Ms. _____ was born _____ in _____.
Last Name Date of Birth Place of Birth: City & State

Personal background (optional):

He/she was preceded in death by (optional):

Survivors include:

Memorial contributions are suggested to (optional):

List any newspapers to which obituary should be sent: _____
