

Obituary Form

All information is supplied exclusively to Christine DiGiacomo and will be kept confidential.

Please fax form to **949.492.9467** or email **info@pastorwoman.com**.

Contact Person (for this information): _____ Phone #: _____

Full Name of Deceased: _____

Birth Date: _____ Birthplace: _____

When Deceased: _____ Where: _____

Survivors (loved one's immediate family): _____

Name and Age of Spouse: _____ Date of Marriage: _____

Number of Years Married: _____

Maiden Name: _____ Nickname: _____

Names and Ages of Children: _____

Names and Ages of Grandchildren: _____

Names of Siblings: _____

Career / Business: _____

Hobbies / Interests: _____

Where Loved One Grew Up: _____

Where Attended High School: _____

Where Attended College, etc.: _____

Please provide a physical description of loved one at middle age:

Funeral / Memorial Service Information: _____

Additional Information: _____