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The County Journal

The Flashes

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STANDARD OBITUARY FORM

Date To Be Published:	Funeral Home: _			Phone:			
т	his area to be used for <u>bot</u> (which is free of c				ncement		
				, of _			
Mr. / Mrs. / Miss	Full Name			Age		Address	
		died at _		a.m. / p.m.			
			Time	Circle One		Day/Date	
at	Place	of death			Services	will be / were held Circle One	
		ot.					
at Time and Day				Location of Services			
Cost per publ	ication: \$90 for up to 800 v		0 for ove	er 801 words.		•	
Mr. / Mrs. / Miss	Last Name					Date of Birth	
at	, the	e son / dauç	ghter of _				
	Location of Birth			Parents' Names			
He / She was raised in							
		Appropriate Info	ormation				
and attended				S	Schools, graduating in		
						·	
Fill in addition	nal information about where decease	d lived and wa	s educated	as needed. Use rev	verse side if	necessary.	
Ha/Sha was married to				on			
ne/one was mamed to	Name of Spouse			OII		Wedding Date	
at							
Location of V	Vedding	fill in informat	ion about e	mployment and dat	es of employ	ment where available	
He/She was a member of	oout community activities, military ser	vice club mon	nharehine	offices held religious	e affiliation o	and other pertinent information	
	oout community activities, military ser	vice, club men	niperstrips, (omces neiu, religiou	o annialion a	una ouner perument information	

		, is survived by						
Mr. / Mrs. / Miss	Name							
Preceding Him/Her in death were								
Rurial will be hold at								
Dunai wiii be neid at	List Cemetery							
Arrangements were/are being mad	le by Name of Funeral Home							
	Name of Falleral Florine							
Memorial contributions may be made to								
	List memorials if applicable							
0.1								
Other:								
			 					
			· · · · · · · · · · · · · · · · · · ·					
			 					