



**NEWSPAPER INFORMATION** : Please return to CSWH. We will forward this to the newspaper.

Name: \_\_\_\_\_

First

Middle

Last

Age: \_\_\_\_\_ City or Town: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company worked for: \_\_\_\_\_

Location: \_\_\_\_\_

**Military Record / Church Affiliation / Clubs / Lodges / Memberships**

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**Memorial Service Information:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Additional Information for Services:

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**Survivors:**

Relationship

Name

Location

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