

Information submitted may be edited to conform to a format and style consistent with other obituaries, the Daily Herald and AP Stylebooks and current journalistic practices.

DAY (S) / DATE (S) TO RUN _____

Flag Yes / No Deadline is 4 P.M. Monday through Friday, 2 P.M. Weekends and Holidays

Photo Yes / No *Email Photos (JPEG or TIF format) to obits@dailyherald.com

Other Emblem (please circle) Cross Star of David Praying Hands

Name of Deceased		Maiden Name		Age	
Town of Residence and number of years			Former Town of Residence and number of years		
Visitation Time		Visitation Day /Date		Location	
Service / Mass Time		Service / Mass Day / Date		Location	
				Clergy	
Burial / Entombment / Interment / Inurnment					
Date and Place of Birth			Date and Place of Death		
Biography					
Family Members and Relationships					
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		
In lieu of flowers, memorial contributions to:					

Billing Name _____

Home Address _____

City, State, Zip _____

Home Phone _____

Funeral Home/Crematory and Phone (required for verification) _____

Credit Card number and expiration _____

*Prepayment is required for all billing addresses out of our publishing area.