

## Obituary Worksheet

Opening paragraphs	
are suggested to have:	
Full Name	
• Age	
<ul><li>Date/Place of Death</li><li>Date/Place of Birth</li><li>Parents' Names</li></ul>	
Main events in the person's life:	
Schools attended	
<ul><li>Career</li><li>Family life</li></ul>	
Hobbies/travels, etc.	
Survivors and those preceding in death -	
include immediate family and any others	
Conclude with services noting place, date, time of service, and where memorial donations may be made (if applicable).	
Name of Funeral Home and contact	
information	



## **Obituary Worksheet**

## The Bureau of Vital Statistics in the State of Ohio requires the following information

Please fill in this form and bring it with you when you come in to complete the arrangements.

Name:					
Date of Death:	Time of Death:	Time of Death:			
Date of Birth:	Place of Birth:	Place of Birth:			
SS#:	Member of Armed Fo	Member of Armed Forces:			
Highest Level of Education:	Decedent's Race:	Decedent's Race:			
Hispanic origin or ancestry: Yes N					
Decedent's Address:					
City:S	tate:	Zip Code:			
Length of time at this address:	_ Inside city limits:	Yes No			
		Divorced Never Married	<ul><li>☐ Married, but separated</li><li>☐ Unknown</li></ul>		
Surviving Spouse's name (given name prior to first marriage):					
Usual occupation (do not use "retired"):					
Kind of business/industry (do not use company name):					
Father's name:					
Mother's name before first marriage:					
Name of person providing information:					
Address:					
City: S	tate:	Zip Code:			
Telephone number:					
Email address:					