

OBITUARY WORKSHEET

of _____ (Last Name) _____ (First Name) _____ (Middle Name or Initial) _____
_____ (Current City and State) Formerly of _____ (Other Past Places of Residence) Passed away on _____ (Day of Week)
_____ (Date) at _____ (Place of Death) . He/She was _____ years old.

_____ (If female – Maiden Name) was born on _____ (Date and Place of Birth) to _____ (Name of Parent)

_____ (Name of Parents Continued) . He/She married _____ (Name of Spouse – Maiden Name) on _____ (Date of Marriage)

at _____ (Place of Wedding) in _____ (City or Town) ; he/she _____ (Survives him/her or preceded her/him in death on)

(He/She) graduated from _____ (High School) High School, class of _____ (Year of Graduation) . He/She also attended _____ (College or University)

_____ (College or University continued) . He/She proudly served his/her country in the _____ (Branch of Service) during _____ (Name of War)

_____ (Years served and War if applicable) . He was employed by _____ as a _____

He/She retired in _____ (Year) after _____ (Years) years of service. He/She was a member of _____ (Church, Social Organizations or Special Interests)

He/She also enjoyed _____

Surviving are _____

Order of Listing : spouse; children; grandchildren; great-grandchildren; step children; step grandchildren, step great-grandchildren; parents if living; brothers and sisters; and extended family members and friends.

He/She was preceded in death by _____ (Name and relationship to the deceased)

FUNERAL: Funeral Liturgy/Services will take place _____ (Time) _____ (Day of Week) _____ (Date)

at _____ (Location of service and the street address. Add city if outside of Saginaw) . Rev. Fr./Rev./Pastor _____ (Rev., or Rev. Fr. or Pastor)

will officiate. Rite of Committal/Burial will follow in _____ (Catholic) _____ (Protestant) _____ (Name of Cemetery) Chapel / Graveside . Military

Honors will be conducted under the auspices of _____ (United States Army, Navy, Airforce, Marines or Coast Guard and VFW Post/American Legion/GI Forum)

VISITATION: Friends are welcome to visit at the **Deisler Funeral Home, 2233 Hemmeter Rd. (off State)** on _____

_____ (Day) _____ (Date) _____ (Hours of Visiting) . A Vigil Service will take place at _____ (Catholic, if Protestant ignore this) _____ (Time) _____ (Day of Week), led by

_____ (Sister/Pastoral Associate or Name of Person) . He/She will lie in state at the Church/Funeral Home on _____ (Day of Week and times)

MEMORIALS: In lieu of flowers, those planning an expression of sympathy may wish to consider memorials to _____

(Organizations, Churches, and Etc.)

Please share your thoughts and memories at the church, funeral home or through www.deislerfuneralhome.com.