

Keizertimes

Obituary Questionnaire

(please print or type)

This form submitted by (Your name): _____ Day Phone: _____

Photo Provided? Yes No

You may include a photo of the couple by: dropping off / mailing to our office, or emailing to kt@keizertimes.com

Full Name: _____

Gender: _____ Age: _____ Date of Death: _____

Birthplace & Date: _____ Parents: _____

City of Residence: _____ Education: _____

Place of Death: _____ Occupation: _____

If born elsewhere, how did the deceased come to Keizer?: _____

Marriages (spouse's name, date of marriage, location of marriage):

Memberships, hobbies, and interests: _____

Survivors: _____

Preceded in Death by: _____

Visitation (time, day, date, location): _____

Services (time, day, date, location): _____

Memorials: _____

Funeral Home / Interment (name, address/billing address, phone number): _____
