LAKE UNION HERALD

OBITUARY FORM

This form may be filled out by the pastor, church secretary, or communication leader. Please *type or clearly print* all information and *verify spellings and dates.*

_____
Name and Phone Number of Person Completing Form

Checked for completeness and approved by:

_____
Conference   Communication   Director

Send this completed form to your local conference communication director:

☐ Illinois, 619 Plainfield Rd., Willowbrook, IL 60527

☐ Indiana, PO Box 5000 Westfield, IN 46074

☐ Lake Region, 19860 S. La Grange Rd. Mokena, IL 60448

☐ Michigan, 5801 W Michigan Ave. Lansing, Michigan 48917

☐ Wisconsin, P.O. Box 100 Fall River, WI 53932

Please fill in blanks and *VERIFY* all information.

_____ , _____ (_____), age _____ ; born _____ . _____ , _____ ,
　　LAST NAME　　　　*given name & initial　maiden name　age at time of death　　month　　day,　　　year*

in _____ , _____ ; died _____ . _____ , _____ , in _____ ,
　　　city　　　　　state or country　　month　　day　　year　　　　　　city

_____ .   ☐ He ☐ She was a member of the _____ Church, _____ , _____ .
state　　　　　　　　　　　　　　　　　　　*name of church　　　　　　　　city　　　　　state*
　　　　　　　　　　　　　　　(Indicate where church membership was held while the deceased was living in the Lake Union, even if death occurred elsewhere.)

SURVIVING family members: Give each man's given name, initial, and family name *as he was known*, and give each woman's given name and initial, (maiden name), and married name. Separate the family members' names with commas.
DO NOT LIST DECEASED FAMILY MEMBERS. These are the only family members we list. Aunts and uncles, nieces and nephews, and cousins are not listed. **Space *does not* permit listing the city where each surviving family member lives.**

Survivors include ☐ his wife ☐ her husband, _____ ;
　　　　　　　　　　　　　　　surviving spouse's given name, initial, and (maiden name)

Son(s), _____ ;

Stepson(s), _____ ;

Daughter(s), _____ ;

Stepdaughter(s), _____ ;

Foster child(ren), _____ ;

Father, _____ ; Mother _____(_____);
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　maiden   name

Brother(s), _____ ;

Stepbrother(s), _____ ;

(Please see the second page for the continuation of this list.)

Half brother(s), _____ ;

Sister(s), _____ ;

Stepsister(s), _____ ;

Half sister(s), _____ ;

_____ grandchildren; _____ great-grandchildren; and _____ great-great-grandchildren;
number   *number*   *number*

_____ step-grandchildren; _____ step-great-grandchildren; and _____ step-great-great- grandchildren.
number   *number*   *number*

☐ Funeral ☐ Memorial services were conducted by _____
                                                     (Please use first and last names)   *(officient)*

_____ , and

☐ interment (*if buried*) ☐ inurnment (*if cremated*) was in _____
                                                          name of facility

☐ Cemetery ☐ Mausoleum ,_____ , _____ *(or)* ☐ with private inurnment (*if the ashes*
                                        city or township   *state*

of the deceased were given to the family).

    NOTE: These records may be used by people who are doing genealogy research, so the information must be as complete and accurate as possible. Be particularly careful to include the women's full names, including the maiden name (if possible), so people can trace both sides of their family tree.

    Incomplete obituaries will be returned for completion. If you intend to leave a blank unfilled write N/A (not applicable) in the space, so the editors will know you didn't just miss filling it in.