



Obituary Submission Form

- **CIRI** reserves the right to edit obituaries for clarity, available space and news style.
- **Only** one obituary may be submitted for each deceased shareholder.

1) About the Deceased

Deceased's Name:

First _____ Middle _____ Last _____ Suffix _____
(initial or nickname)

Deceased's Age _____ Deceased's Date of Death _____

Place of Death (Please include home, hospital, care facility etc.) _____

City _____ State _____

Deceased's Date of Birth _____

Place of Birth (Please include city **and** state) City _____ State _____

2) Surviving Family Members

List the name and relationship of surviving family members. Due to space constraints, do not include deceased family members.

3) Funeral Home, Hospital or Coroner

This information is required in order for us to obtain routine verification of death. (Not for publication)

Facility Name _____

City _____ State _____ Phone _____

4) Additional Notes

Notes about this obituary for CIRI. (Not for publication)

5) Your Information (Not for publication)

Your first and last name _____ Daytime phone _____