

- **CIRI** reserves the right to edit obituaries for clarity, available space and news style.

Daytime phone \_\_\_\_\_

Be sure to double-check your spelling and dates.

Only one obituary may be submitted for each deceased Shareholder

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1) Information About the	Deceased Shareh	<u>iolder</u>			
Deceased's Name:					
First	Middle	Last		Suffix	
Gender (circle one):	(initial or	nickname)			
Male ("he/him") / Fema	le ("she/her") / No	n-binary/non-con	firming or prefer not	to respond ("they")	
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 of the Deceased Shareholder List the name and relationship of <u>surviving</u> family members. Due to space constraints, do not include deceased family members.					
3) Information about the Funeral Home, Hospital or Coroner This information is required in order for us to obtain routine verification of death. (This section is not for publication.)					
Facility Name				<del></del>	
City		State	Phone		
4) Additional Notes Notes about this obituary for CIRI, if any. (This section is not for publication.)					
5) Your Information (This sec					
Your first and last name	our first and last name Relationship to Deceased				