



Obituary Form

Return or Fax to:

The North Scott Press, 214 N. Second St., P.O. Box 200, Eldridge, IA 52748-0200

Fax: (563) 285-8114 Questions? Call 285-8111

Please type or print legibly. Photos will be available for pickup at our office after publication, or you may include a self-addressed, stamped envelope and have it returned to you.

Photo included? Yes _____ No _____

Name of deceased _____ Age ____ Hometown _____

Service time, date and place _____

Visitation _____

Mortuary in charge of arrangements _____

Pastor conducting service (if deceased is local) _____

Pallbearers _____

Honorary pallbearers _____

Burial location _____

When and where they died _____

Birth info (with women's maiden name, date of birth, where born, both parents' names, including mother's maiden name) _____

Marriage info (to whom married, date, location of marriage) _____

Employment info _____

Memberships and community service _____

Military service _____

Hobbies, personal info _____

Memorials may be made to _____

Survivors (spouse, daughters, sons, step children, grandchildren, stepgrandchildren, great-grands, parents, sisters, brothers) _____

Preceded by (same order) _____