

# SEQUIM GAZETTE

147 West Washington, Sequim, WA • 360-683-3311

## GAZETTE OBITUARY FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

FUNERAL OR MEMORIAL INFORMATION (include dates, times, places and officiates and also burials).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL INFORMATION

Date and Place of Death \_\_\_\_\_

Cause (if under 55) \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name (maiden) \_\_\_\_\_

Military Service \_\_\_\_\_

Married to \_\_\_\_\_

Date and Place \_\_\_\_\_

