

Thief River Falls Times Obituary Form

Name: _____ Home town _____

Date of death: _____ Place of death: _____

Cause of death: _____

Service place: _____ Date/Time: _____

Visitation place: _____ Date/Time: _____

Clergy: _____ Interment/Cremation: _____

Casket bearers: _____

Date of birth: _____ Place of birth: _____

Father: _____

Mother: _____ Maiden name: _____

Baptized: _____

Confirmed _____

School(s): _____

Marriage: _____

Military: _____

Work history: _____

Hobbies/Interest: _____

Memberships/Civic Groups/Offices: _____

Survivors, first name (spouse) last name, place of residence and state.

Spouse/ Partner: _____

#Children: _____

___#Grandchildren ___#Great-grandchildren (The Times does not include the names of grandchildren and great-grandchildren.)

___Parents_____

___#Grandparents_____

Brothers_____

Sisters:_____

Others:_____

Preceded in death
by:_____

