Strang Funeral Chapel & Crematorium

DEATH NOTICE & OBITUARY FORM

☐ **Waukegan News-Sun** **S M T W T F S** _____ ☐ **Other** _____ **S M T W T F S** _____

☐ **Chicago Tribune** **S M T W T F S** _____ ☐ **Chicago Sun Times** **S M T W T F S** _____

☐ **Daily Herald** **S M T W T F S** _____ – ☐ *NO CHARGE* ☐ **Lakeland Press –** ☐ *NO CHARGE*

DECEDENT

DECEASED-*Name* FIRST	MIDDLE	LAST	AGE	CITY OF RESIDENCE

DATE OF DEATH	PLACE OF DEATH	CITY & STATE OF DEATH

DATE OF BIRTH	PLACE OF BIRTH	PARENTS NAMES

PERSONAL HISTORY, CHURCH & SOCIETY AFFILIATIONS

_____

SURVIVORS

☐ Husband ☐ Wife of _____ years whom he / she

married on _____ (DATE) in _____ (PLACE)

☐ Other _____

☐ **Mother** ☐ **Step-Mother** _____

☐ **Father** ☐ **Step-Father** _____

CHILDREN

Name (SPOUSE) City, State

GRANDCHILDREN

Name (SPOUSE) City, State

☐ **GREAT-GRANDCHILDREN** # _____

GRANDPARENTS *(Surviving)*

SIBLINGS

Name (SPOUSE) City, State

PRECEDED IN DEATH BY

SERVICE

☐ Mass of the Resurrection ☐ Funeral Svc ☐ Memorial Svc

Day & Date _____ Time _____

☐ SFC ☐ Church ☐ Other Facility ☐ Cemetery

Church _____

Address: _____

CEMETERY

☐ Burial ☐ Entombment ☐ Cremation

Cemetery _____

Address _____

City _____ State _____

WAKE / VISITATION

Day & Date _____ Time _____

☐ Strang Funeral Chapel ☐ Private / None

Other Facility _____

Address: _____

In Lieu of Flowers, MEMORIAL CONTRIBUTIONS may be made