

Obituary Card Order Form

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DESIGN REQUIRED: Floral Design B	Black & Wh	ite Design	Blue & White Design
NAME OF DECEASED		Nu	umber of Cards Required
DATE OF DEATH			
AGE AT TIME OF DEATH		Photo	ograph Required YES / NO
PLACE OF DEATH HOME HOSPITAL	OTHER ((specify)	
NAMES OF RELATIVES TO BE MENTIONED OF	N CARD	RELATIONSH	IIP TO THE DECEASED
			_
DATE AND PLACE OF FUNERAL AND SERVICE	E		
NAME OF PERSON OFFICIATING			
ANY FURTHER <u>BRIEF</u> EPITAPH			
ADDRESS FOR RETURN OF THE CARDS		Tel. N	 Vo.