



**Obituary / Death Notice Information**

(Return completed form to [Info@GramerFuneralHome.com](mailto:Info@GramerFuneralHome.com) or fax to 248-435-9009)

Tell us about your loved one? What did they love to do?  
(If you were to close your eyes and think about them, what is the first thing that comes to your mind?)

Deceased Name : \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ WHERE: \_\_\_\_\_

CITY OF RESIDENCE: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

FORMER CITY OF RESIDENCE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WHERE: \_\_\_\_\_ AGE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ SURVIVING?: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

WEDDING DATE OR # YEARS: \_\_\_\_\_ WHERE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRANDCHILDREN #: \_\_\_\_\_ GREAT-GRANDS #: \_\_\_\_\_

PARENTS: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

\_\_\_\_\_

**FUNERAL ARRANGEMENTS:**

DATE/TIME \_\_\_\_\_ CLERGY: \_\_\_\_\_

WHERE: \_\_\_\_\_

VISITATION: \_\_\_\_\_

ADDITIONAL SERVICES: \_\_\_\_\_

INTERMENT: \_\_\_\_\_

MEMORIALS: \_\_\_\_\_