

# Southern Maryland Newspapers obituary form

Full Name of Deceased: \_\_\_\_\_  
(Include nickname. Maiden name in brackets.)

Sex: \_\_\_ Age: \_\_\_  
City/State of Residency \_\_\_\_\_

Date of Death \_\_\_\_\_ Cause of Death (Optional): \_\_\_\_\_  
Place of Death (hospital/nursing home): \_\_\_\_\_

Church: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Veteran: \_\_\_ Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_  
Years of service, medals, honors, war veteran:  
\_\_\_\_\_

Organizations, clubs, degrees, etc.:

Survivor Information (include city/state of residence).  
Father: \_\_\_\_\_ Still living? \_\_\_  
Mother (maiden name in brackets): \_\_\_\_\_ Still living? \_\_\_  
Marital Status: \_\_\_\_\_ Years Married: \_\_\_\_\_  
Spouse Name (maiden name in brackets): \_\_\_\_\_  
Sons: \_\_\_\_\_  
Daughters: \_\_\_\_\_  
Brothers: \_\_\_\_\_  
Sisters: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_  
Number of Great-Grandchildren: \_\_\_ Number of Great-Great-Grandchildren: \_\_\_  
Preceded in death by (name/relationship):

Service Information:  
Visitation: Date/times: \_\_\_\_\_ Place: \_\_\_\_\_  
Services: Date/time: \_\_\_\_\_ Place: \_\_\_\_\_  
Clergy: \_\_\_\_\_ Cemetery: \_\_\_\_\_  
Pallbearers: \_\_\_\_\_  
Honorary Pallbearers: \_\_\_\_\_  
In lieu of flowers? \_\_\_ Memorial contributions may be made to: \_\_\_\_\_  
Funeral home handling arrangements:  
\_\_\_\_\_

Please include the name of the person filling out this form and the number where they can be reached in case there are any questions:

\_\_\_\_\_

Mail form to:

Maryland Independent  
7 Industrial Park Drive  
Waldorf, MD 20602  
Fax 301-645-2175

The Enterprise  
P.O. Box 700  
Lexington Park, MD 20653  
301-737-1665

Calvert Recorder  
P.O. Box 485  
Prince Frederick, MD 20678  
410-535-5883