

**FUNERAL SERVICE ANNOUNCEMENTS
CHANNEL 11**

PLEASE PRINT CLEARLY

NAME: _____

PASSED AWAY ON: _____

ADDITIONAL INFORMATION AT TOP (FAMILY INFO, ETC.): _____

DATE OF WAKE: _____ TIME: _____

RESIDENCE OF: _____

LOCATION: _____

DATE OF FUNERAL SERVICE: _____ TIME: _____

CHURCH/LOCATION: _____

BURIAL LOCATION (OPTIONAL): _____

Optional Information You Would Like To Include:

- In Loving Memory Of (top of name)*
- Donations Greatly Appreciated*
- All Churches & Singers Welcome*
- May Contact or Call Family At: _____*
- Other: _____*

SUBMITTED BY: _____

TELEPHONE #: _____

DATE/TIME: _____