

# Van Zandt Newspapers

Phone: 903-567-4000

## Obituary Notice

Fax 903-567-6076

Type of Services (funeral, graveside, memorial): \_\_\_\_\_

\_\_\_\_\_

Name, Age of Deceased: \_\_\_\_\_

Residence (town) of Deceased: \_\_\_\_\_

Time, Date (Month/Day), Place of Services: \_\_\_\_\_

\_\_\_\_\_

Officiant(s): \_\_\_\_\_

Name, location (city) of Funeral Home: \_\_\_\_\_

\_\_\_\_\_

Name, place of cemetery: \_\_\_\_\_

Date of death (month/day/year), place (city, if known): \_\_\_\_\_

\_\_\_\_\_

*Only the above information is accepted and published at no charge. Additional information and a photo may be included for a fee. Call 903-567-4000 for cost and payment information.*

Date, place of birth, parents' name (if available), other pertinent information (education, military, church affiliation, clubs, organizations, employment, etc.) regarding deceased (Attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preceded in death by (name, relationship): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survivors (names, places of residence), including in-laws, grandchildren, through great-(great)-grandchildren: Will not list nieces, nephews, aunts, uncles, cousins unless they are the only survivors (Attach separate sheet if necessary): \_\_\_\_\_

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Pallbearers: \_\_\_\_\_

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Honorary Pallbearers: \_\_\_\_\_

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Memorials to, if applicable: \_\_\_\_\_

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### **Contact Information**

This information is not used for publication.

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_