



OBITUARY FORM Fax: 320/679-2348

Funeral services for _____, age _____,
(DECEASED)

of _____, formerly of _____,

will be held _____ at _____,
(DAY, DATE) (TIME)

at _____
(LOCATION)

with _____ officiating.
(CLERGY)

Burial will be at _____ cemetery at _____ .
(CEMETERY) (TOWN)

Visitation will be _____ from _____,
(DAY, DATE) (TIME)

at _____
(LOCATION)

and _____ hour prior to the service at the church on _____.

A prayer service will be held _____,
(DAY, DATE, TIME)

at _____.
(LOCATION)

_____ is survived by:

_____ is handling the arrangements for
(FUNERAL HOME)

_____ who died _____
(DECEASED) (DAY,DATE)

at _____
(TOWN)