

OBITUARY FORM

THE EAST HAMPTON STAR

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The East Hampton Star believes an obituary, carried without charge in the news section, performs a service. The information provided on this form will provide a basis for an obituary to be written by a member of our staff. Please fill it out as fully as possible so that we can properly honor the deceased. The Star does not carry paid death notices. A phone number of the person to call to answer questions should be included. Feel free to add additional information on this form or separately. Photographs can be mailed, brought by our office, or sent by e-mail at 300 d.p.i.

Name of deceased _____ Age _____
(Last) (First) (Middle)

Time, date of death _____

Cause of death _____

Length of illness _____

Year-round address _____

Summer address, if different _____

Winter address, if different _____

Date of birth _____ Place of birth _____

Father's full name _____

Mother's first name _____ Maiden name _____

Surviving parent/s and address _____

Marriage: Date _____ To whom? (Please include first and last name) _____

Is spouse/partner living () yes () no If deceased, date of death _____

Other marriages, if any _____

Place of residence while growing up _____

Other residences and dates _____

Education, schools attended, colleges, degrees _____

Career information, dates, and places of employment _____

Civics, church, government, club activities and positions, note if local _____

Lifelong interests or achievements _____

Military service _____ Awards, honors _____

Surviving children: Provide name, city or town of residence, and, if minors, age _____

Children who are deceased _____

Number of surviving grandchildren _____ Great-grandchildren _____

Surviving brothers and sisters. List name and residence _____

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Other primary survivors_____

If deceased was member of church, give name and place_____

Time and date of service_____Place of service_____

Full name of minister or person officiating_____

Other services, if any_____

Name and location of cemetery, if any. Dispersal of ashes, if relevant_____

Cremation Yes () No ()

Suggested memorial contributions_____

Address, including Zip Code _____

SIGNATURE_____Telephone number_____