



Obituary Form

To be filled out by the family (preferred), pastor, or church secretary

Our preference is to receive obituaries via the online form that can be found at <http://adventistmessenger.ca/submissions>
 If online submission is not possible, we will accept this form by fax (905/433-0982) or mail (1148 King St. E, Oshawa, ON, L1H 1H8).

Instructions:

- Please type or clearly print all information and verify all spellings and dates.
- Please include your own contact information phone number or email address so that, if needed, information may be verified.
- If you have questions, phone 905/433-0011 ext. 2092.

Submitter's Name: _____

Relationship to deceased: _____ Phone or email: _____

Obituary Information

Last name: _____

First name: _____ Maiden name: _____

Gender: Male / Female

Born: (mon) _____ (day) _____ (year) _____ in (city) _____ (province) _____

Died: (mon) _____ (day) _____ (year) _____ in (city) _____ (province) _____

Spouse's name: (first, last and maiden names as applicable) _____

Spouse's status: surviving predeceased

Family members: (first name, spouse's name in brackets, last name, city and province of residence)

	surviving	predeceased
Son/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepson/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Daughter/s: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Stepdaughter/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Foster children:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Father:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mother:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Brother/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepbrother/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Half-brother/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sister/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stepsister/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>
Half-sister/s:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>

of Grandchildren: _____ Great-grandchildren: _____ Great-great-grandchildren: _____

One-sentence description of Canadian denominational service: (max. 40 words)

OR

One-sentence description of specific contribution to the mission of the church: (max. 40 words)
