

# Obituary Report

RETURN FORM TO:

The Clearwater Progress  
PO Box 428/417 Main Street  
Kamiah, ID 83536  
(208) 935-0838  
Fax: (208) 935-0973  
(Please type or print clearly)

Full name of deceased \_\_\_\_\_  
Address \_\_\_\_\_  
Date of death \_\_\_\_\_ Date submitted \_\_\_\_\_  
Cause of death (strongly recommended) \_\_\_\_\_  
Place of death \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation of spouse \_\_\_\_\_  
Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Name of parents of deceased (include mother's maiden name) \_\_\_\_\_

## **Marital Record**

Include each spouse's name prior to marriage, date and place of marriage and date of divorces or death if applicable.

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## **Residence and Work History**

Include dates and locations.

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## **Personal Information**

Please list church affiliation and all positions, titles and memberships, including dates, in civic organizations, public agencies, lodges, special activities, etc.

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Education: List name of school, location and years attended or graduated: \_\_\_\_\_

Military service: Branch, years, duty stations, rank achieved and medals: \_\_\_\_\_

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