

**Rolla Cremation Obituary Form**

\_\_\_\_\_, age \_\_\_\_\_ of \_\_\_\_\_,  
(Name) (Town lived in) (State)

Passed away \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
(Date Passed away) (Place where death occurred)

\_\_\_\_\_ was born on \_\_\_\_\_ in \_\_\_\_\_  
(Name) (Date Born) (Town Born In)

A son/daughter to \_\_\_\_\_ (Parents living or deceased)  
(Parents name with mother maiden name listed)

\_\_\_\_\_ attended school at \_\_\_\_\_  
(Name) (School(s) attended)

On \_\_\_\_\_ he/she was united in marriage to \_\_\_\_\_  
(Date of Marriage) (Name of Spouse include maiden name of wife)

In \_\_\_\_\_ . He/she survives of the home. Or (see below)  
(Town married in) He/she preceded in death on \_\_\_\_\_

\_\_\_\_\_ was a member of \_\_\_\_\_ Church  
(Name) (Name of Church)

In \_\_\_\_\_ . He/She was also a member of \_\_\_\_\_  
(Town church located) (Any other organization or clubs member of)

\_\_\_\_\_ enjoyed \_\_\_\_\_  
(Name) (Hobbies or things that person enjoyed doing)

Survivors Include \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(List survivors names, their spouses name if any as well as home towns)

Additional Survivors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preceded in death by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorial Services will be held on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

At \_\_\_\_\_ in \_\_\_\_\_  
(Location of Memorial Service) (Town)

Burial will be in the \_\_\_\_\_ Cemetery in \_\_\_\_\_

In Lieu of flowers, expressions of sympathy may be made to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use these lines to list any charities or organizations you may want friends and family to donate to)

Additional Notes:

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***Cremation Services are under direction of Rolla Cremation and Memorial (573-341-0220)***

***www.rollacremation.com***