

Obituary Outline

With this form please also provide a photo with as much clarity as possible to be posted on our website and to be used for the front of the funeral program

****ALL ELETRONIC PHOTOS MUST BE SENT TO (WFS2300@GMAIL.COM)****

ALL HARD COPY PHOTOS ARE STRONGLY SUGGESTED TO BE BROUGHT IN PERSON TO FUNERAL HOME



Professional Services Entrusted To:

Walker Funeral Service & Chapel

2300 East Cook St. Springfield, IL 62703 (217) 753-3783

566 North Water St. Decatur, IL 62523 (217) 362-6214

704 North 4th St. Champaign, IL 61820 (217) 552-1708

www.walkerfs.com

Service Information

Full Name of Deceased: _____

Date of Service: _____

Visitation Time: _____ Service Time: _____

Place of Service: _____

City/State/Zip: _____

Minister(s) Officiating Service: _____

Full Name (Nickname): _____ **Age:** _____

Social Security#: _____ - _____ - _____

Birthday: _____ **Date of Death:** _____

Place of Birth: _____ **Place of Death:** _____

Parents: (Father) _____ **(Mother)** _____

Was He/ She a veteran? Yes _____ **No** _____, **If you selected yes,**
do you have the Honorable Discharge document available (DD214)? Yes ___ **No** ___

Education (Major/Degree(s)): _____

Occupation/Job: _____

Accomplishments/Awards: _____

Hobbies/Activities enjoy doing: _____

Member of any special groups, clubs and/or religious (Church) organizations

Surviving Family Information

(**List the names of family members that still Living**)

Surviving Spouse: _____

Surviving Children: _____

Parent(s): _____

Grandparents: _____

Brother(s): _____

Sister(s): _____

Uncles/Aunts: _____

Cousins/Special Friends: _____

Preceded in death

(**List Names of family members who have passed on before your loved one**)
