

Parker Bros. Memorial Funeral Home Inc.

2013 Broadway
Watervliet, New York, United States 12189

Phone: 518-273-3223 Fax: 518-273-1029 Website: www.parkerbrosmemorial.com Email: vincevliet@aol.com

OBITUARY INFORMATION

Run this obituary in the _____ edition(s) of the _____

Picture provided

Please use this symbol:      

Other paper _____ day & date requested: _____

picture requested: yes no price limit: _____

Other paper _____ day & date requested: _____

picture requested: yes no price limit: _____

Name: _____ Maiden: _____ Age: _____

City: _____ State: _____

died entered unto rest passed away Day and date of death: _____

Place of death: _____ Cause of death: (if desired) _____

Place of birth: _____ Date of birth: _____

If the deceased is a former local resident, what town/city did he/she live in?

Education (indicate attended or graduated): _____

BIOGRAPHICAL INFORMATION :

Occupation: _____

Length of employment: _____ Year of retirement: _____

Church affiliation: _____

Clubs / organizations / hobbies / interests: _____

MILITARY SERVICE (branch and war): _____

Deceased's last name: _____

PREDECEASED BY (spouses, children, or any, including year):

SURVIVORS:

Spouse: _____ Maiden: _____ Number of years married: _____

Number of daughter(s): _____ Names (& spouses, if desired) and city/town of their residence:

Number of son(s): _____ Names (& spouses, if desired) and city/town of their residence:

Number of sister(s): _____ Names and city/town of their residence:

Number of brother (s): _____ Names and city/town of their residence:

Parents and city/town of their residence. Indicate living/deceased and together/separated for each:

Paternal grandparents and city/town of their residence. Indicate living/deceased and together/separated for each:

Maternal grandparents and city/town of their residence. Indicate living/deceased and together/separated for each:

Number of grandchildren: _____ Great-grandchildren: _____ Great-great grandchildren: _____

Nieces & nephews: _____ Cousins: _____ Aunts & Uncles _____

Deceased's last name: _____

FUNERAL/MEMORIAL SERVICES:

Time: _____ Day and date: _____

Name of place: _____

Address: _____ City/town: _____

CHURCH SERVICES:

Time: _____ Day and date: _____

Name of Church: _____

Address: _____ City/town: _____

BURIAL:

Cemetery: _____

City/town: _____ State: _____

CALLING HOURS/VISITATION:

Time: _____ Day and date: _____

Name of place: _____

FRATERNAL/CIVIC ORGANIZATON SERVICES:

Time: _____ Day and date: _____

Name of place: _____

CONTRIBUTIONS:

Organization's name: _____

Address: _____

City/town: _____ State: _____ ZIP: _____

Organization's name: _____

Address: _____

City/town: _____ State: _____ ZIP: _____