

Butler Eagle

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OBITUARY FORM

Name _____

Address _____

Formerly of _____

Date of death _____ Place of death _____

Cause of death _____

Date of birth _____ Place of birth _____

Father _____

Mother (include maiden name) _____

Name of spouse (include maiden name) _____

Marriage date _____ Place of marriage _____

If deceased, date _____

Additional spouse _____

Marriage date _____ Date of death _____

Education: Provide name, location of school, year graduated, degree received.

Employment history: Provide name, and location of firm, position held, year of retirement or years of service

Church and location _____

Other memberships _____

Hobbies/interests _____

Military service: Branch _____ Wars/years of service _____

Awards/medals _____

Survivors:

Relationship _____ Name _____ City & State _____

Relationship _____ Name _____ City & State _____

Relationship _____ Name _____ City & State _____

Relationship _____ Name _____ City & State _____

Relationship _____ Name _____ City & State _____

Relationship _____ Name _____ City & State _____

Relationship _____ Name _____ City & State _____

No. of Grandchildren _____ great-grandchildren _____ gg-grandchildren _____

Step-grandchildren _____ Step g-grandchildren _____ step gg-grandchildren _____

Arrangements

Viewing times/date: _____

Funeral Home _____

Address _____

Time/date funeral services/Mass _____

Where: (If not at funeral home, provide address) _____

Name of cemetery _____ Address _____

Donations _____ Address _____

Information submitted by: _____

Name _____

Address _____

Email address _____ Phone _____

All information must be verified, approved and pre-paid for the total cost
call 724-282-8000 x265 or email: obits@butlereagle.com

We accept Mastercard or Visa

To include a photo email as a JPG attachment or drop off at
Main Office: 114 W. Diamond Street, Butler, PA 16001