



A SCHNIDER FAMILY FUNERAL HOME

406-453-7257 ♦ info@OConnorFuneralHome.com

OBITUARY FORM

Full name of deceased: _____

Maiden name: _____ Age: _____

Current city of residence: _____

Date of birth: _____ Place of birth: _____

Date of death: _____ Place of death: _____

Schooling/military service:

Occupation(s)/years worked:

Organizations/volunteer work/church membership:

Hobbies/interests:

SURVIVOR INFORMATION

Please include name and spouse and city and state of residence.

Spouse: _____

Daughters:

Sons:

Parents:

Sisters:

Brothers:

Grandchildren: _____ # Great-Grandchildren: _____ # Great-Great-Grandchildren: _____

Preceded in death by:

SERVICE INFORMATION

Service types: Mass, Rosary, Memorial, Funeral, Graveside, Rite of Committal, Vigil/Visitation, Celebration of Life

Visitation/Vigil - Time/Date: _____ Location: _____

Clergy officiating/presiding: _____

Service type: _____ Time/Date: _____ Location: _____

Clergy officiating/presiding: _____

Service type: _____ Time/Date: _____ Location: _____

Please circle one: Burial Inurnment Entombment

Location: _____

Memorials/donation information:

Submitted by: _____ Relationship: _____

Phone: _____ Email: _____