



## NEWSPAPER FORM

ALL FIELDS INDICATED WITH (\*) MUST BE FILLED OUT COMPLETELY

\*NAME TO BE PLACED IN PAPER: \_\_\_\_\_

\*TYPE OF ARTICLE:  NOTICE # OF DAYS TO RUN \_\_\_\_\_  OBIT # OF DAYS TO RUN \_\_\_\_\_

PUBLICATION DATE: \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_ \*DATE OF DEATH \_\_\_\_\_ \*AGE: \_\_\_\_\_

\*CURRENT RESIDENCE (CITY AND STATE): \_\_\_\_\_

\*FAMILY REPRESENTATIVE: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_ \*PHONE: \_\_\_\_\_

### INFORMATION FOR NEWSPAPER

\* DATE & TIME OF WAKE/VIEWING: \_\_\_\_\_

\*PLACE & ADDRESS OF WAKE: \_\_\_\_\_

\*DATE & TIME OF SERVICE: \_\_\_\_\_

\*PLACE OF SERVICE: \_\_\_\_\_

\*ADDRESS OF SERVICE: \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*SPECIAL INSTRUCTIONS:  
\_\_\_\_\_  
\_\_\_\_\_

INFORMATION TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FAMILY REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

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