

Obituary Information



Please use this form to alert Headquarters of the death of a member of this Association. Provide additional pages as necessary. This information will be used to send notices to fellow members and post information on our website at www.selectedfuneralhomes.org/news/remember.

When completed, fax this form to:
847-236-9968
or email to:
info@selectedfuneralhomes.org

PLEASE PRINT

The Deceased

Full name _____

Name of firm _____

City _____ State/Province _____

Position with firm _____

Date of death _____ Time of death _____ Long illness Short illness Sudden

Funeral Service

Date _____ Time _____

Location _____

Online obituary or condolence book <http://www.> _____

Email condolences to _____

Survivors: Name

Relationship to deceased

Position at firm (if applicable)

Survivors: Name	Relationship to deceased	Position at firm (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person providing this information _____

Family may be reached at Residence Funeral home

Street _____

City _____ State/Province _____ Zip/Postal Code _____

Donations to _____

FOR HEADQUARTERS USE: Received by _____ Date _____ Time _____

Board Member notified Letters, email, fax to Members President's Letter Flowers ordered Necrology Book marked