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NAME FOR PAPER		GENDER							
NAME		NICKNAI	ME	AGE		SS#			
ADDRESS			CITY						
STATE	ZIP	COUN			INSIDE	LIMITS			
DEATH DATE	TIME	PLACE	-		_	LACE			
Address of Place of Death					INSIDE				
Place of Birth			Date of	f Rirth					
			Citizon	-					
Catharia Nama			l issimaco		Where?				
Mother's Name			Living:		Where?				
Cton Darant			Living		Where?				
					vviiere?				
Occupations									
			Where	-					
Retired	Re [.]	tired From:							
Church Affiliation					M	lember	Yes	No	
Lodges, Clubs, Etc.						ICITIDEI	163	NO	
Louges, Clubs, Etc.									
Spouse (Maiden)			Living?	•		Date Dece	ased		
Date of Marriage				of Marriage		-			
Previous Marriage (if desire				· ·		Date Decea	ased		
History I amal Edwardian			Attended						
			Degree						
Graduate of			Degree						
	Theater		Branch			Rank			
Medals, Commendations			Addit. Info.						
Survivors	-	_	Addit. IIIIO.						
Precedents									
Daughters	City, S	State	Sons				City, S	tate	
•	•						•		
		_							
Grandchildren City, State			Grandchil	dren	City, State				
	•						•		
	-								
Great Grandchildren	Great, Great	Grandchildre							
Sisters	City, S	State	Brothers				City, S	tate	
		_	•						
Date of Service			Time						
Diana			Burial						
Minister(s)									
Visitation		ime		Fratern	al/Religiou	JS			
Memorial Donations		-			J				
Obituary in: Winchester Sta	ar, Northern Virginia Da	ily and :							
,	,	<u></u>							