

Family First Cremation Services
25702 Aldine Westfield Road #1201
Spring, Texas 77373
281-541-0291

Obituary Template

Return to familyfirstcremationservices@gmail.com

Male _____ Female _____

Photo Yes _____ No _____

_____, _____, of _____
(first/middle/last name) (age) (city of residence)

died _____ in _____ of _____
(month/day/year) (city/state) (cause of death) optional

He/She was born _____, to _____ and _____
(month/day/year) (father's first/last name) (mother's first/maiden name)

in _____.
(city/state)

He/She married _____ on _____ in _____.
(spouse's first/maiden name) (month/day/year) (city/state)

He/She was a _____ for _____.
(occupation/job title) (# of years)

He/She was a member of (fraternal organizations/clubs/community groups)
_____.

He/She served in the _____ from _____ as a _____.
(branch of service) (dates of service) (rank/specialty)

SURVIVORS

SPOUSE _____

HOW MANY YEARS? _____

CHILDREN (w/their spouse)

SIBLINGS (w/their spouse)

PARENTS / GRANDPARENTS

GRANDCHILDREN

