CENTRE DAILY TIMES

OBITUARY FORM

Deadline is 4 p.m.

FAX TO: (814) 238-1814

EMAIL TO: cdtobits@centredaily.com **QUESTIONS:** Call (814) 235-3938

Name and address of Fu	uneral Home:			
Street Address:				
City:		State:	Zip:	
Telephone:	()			
Name of Deceased:				
	(M)			
Street Address:				
City:		State:	Zip:	
Day & date of death:				
Parents' names (and ad				
Education:				
Spouse's name:				
Date and place of marria				
Spouse's address (if su	rviving) or date of death:			
Additional marriages:				