

Obituary Form

Deceased

Name _____

Address _____

City _____ State _____ ZIP _____

Age _____ Date of Birth: _____ Place of Birth _____

Date of Death _____ Cause of Death _____

Spouse

Surviving Spouse _____

Deceased Spouse _____ Year of Death _____

General Information

Came to Milwaukee From _____ Year _____

High School _____ Year Graduated _____

College(s) _____ Year Graduated _____

Member of Synagogue(s) _____

Degrees and Awards _____

Company & Location _____

Occupational Organizations _____

Special Interests _____

Survivors _____

Funeral Arrangements

Place of Burial _____ Date _____ Time _____

Rabbi _____

Funeral Home _____

Address _____

City _____ State _____ ZIP _____

Contact for More Information

Name _____ Relationship to Deceased _____

Phone _____ E-mail _____

Memorial Contributions

Send To _____

Address _____

City _____ State _____ ZIP _____

Additional Information

Please submit this form by mail to Rob Golub, Editor, The Wisconsin Jewish Chronicle,
1360 N. Prospect Ave., Milwaukee, WI 53202 or by email to RobG@MilwaukeeJewish.org.
Questions? Call Rob at 414-390-5770.