

**Branch Funeral Home  
of Smithtown**

190 East Main St.  
Smithtown, NY 11787  
631.724.9500  
f: 631.724.7824

**Branch Funeral Home  
of Miller Place**

551 Route 25A  
Miller Place, NY 11764  
631.744.9700  
f: 631.744.8700

**Branch Funeral Home  
of Commack**

2115 Jericho Turnpike  
Commack, NY 11725  
631.493.7200  
F: 631.493.7290

## Obituary Form

Name of deceased: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Maiden name (if married): \_\_\_\_\_

Place of death (home/name of hospital/other): \_\_\_\_\_

Date of death: \_\_\_\_\_ Long/short illness: \_\_\_\_\_

Place of residence (specific community/town/city): \_\_\_\_\_

Date deceased left the area (if applicable): \_\_\_\_\_

Birthplace (city/state): \_\_\_\_\_

Occupation (name of firm, location, Job title): \_\_\_\_\_

\_\_\_\_\_

Dates of employment: \_\_\_\_\_

\_\_\_\_\_

Date of retirement (if applicable): \_\_\_\_\_

Education (schools and degrees): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Military service (branch, rank and activity; please be specific): \_\_\_\_\_

\_\_\_\_\_

Religious affiliations: \_\_\_\_\_

Clubs, organizations, memberships, hobbies: \_\_\_\_\_

\_\_\_\_\_

Honors/awards: \_\_\_\_\_

\_\_\_\_\_

What effect did they have on others (family, friends, community)?:

\_\_\_\_\_

How did they make you feel?:

\_\_\_\_\_

\_\_\_\_\_

What emotions come to mind when you think of their memory?:

\_\_\_\_\_

\_\_\_\_\_



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**Survivors**

(The newspaper will only use names of the immediate family as listed below.

The city or town and state of the survivors must be included):

Spouse: \_\_\_\_\_

Date of spouse's death (if applicable): \_\_\_\_\_

Daughters: \_\_\_\_\_

\_\_\_\_\_

Sons: \_\_\_\_\_

\_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

Sisters: \_\_\_\_\_

\_\_\_\_\_

Brothers: \_\_\_\_\_

\_\_\_\_\_

Grandparents: \_\_\_\_\_

\_\_\_\_\_

Number of grandchildren: \_\_\_\_\_ Great-grandchildren: \_\_\_\_\_

Funeral services (times, dates, addresses of church and funeral home):

\_\_\_\_\_

\_\_\_\_\_

Burial/interment (include city/town):

\_\_\_\_\_

\_\_\_\_\_

Contact person with phone number: \_\_\_\_\_

