



Funerals & Cremations

Owned & Operated by The Vigilante Family

Branch Funeral Home of Commack

2115 Jericho Turnpike
Commack, NY 11725
631.493.7200
f: 631.493.7290

Branch Funeral Home of Miller Place

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

Branch Funeral Home of Smithtown

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

Branch Funeral Home of Rocky Point

603 Route 25A
Rocky Point, NY 11778
631.744.9000
f: 631.821.9050

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: \_\_\_\_\_

