The East Hampton Star believes an obituary, carried without charge in the news section, performs a service. The information provided on this form will provide a basis for an obituary to be written by a member of our staff. Please fill it out as fully as possible so that we can properly honor the deceased. The Star does not carry paid death notices. A phone number of the person to call to answer questions should be included. Feel free to add additional information on this form or separately. Photographs can be mailed, brought by our office, or sent by e-mail at 300 d.p.i.

Name of deceased______________________________________________________________Age__________
(Last)                                (First)                (Middle)

Time, date of death__________________________________________________________________________

Cause of death______________________________________________________________________________

Length of illness_____________________________________________________________________________

Year-round address___________________________________________________________________________

Summer address, if different___________________________________________________________________

Winter address, if different_____________________________________________________________________ 

Date of birth__________________Place of birth___________________________________________________

Father’s full name____________________________________________________________________________

Mother’s first name____________________________Maiden name___________________________________

Surviving parent/s and address___________________________

Marriage: Date____________T o whom? (Please include first and last name)_________________________

Is spouse/partner living (    ) yes    (    ) no      If deceased, date of death_______________________________

Other marriages, if any_______________________________________________________________________

Place of residence while growing up_____________________________________________________________

Other residences and dates____________________________________________________________________

Education, schools attended, colleges, degrees____________________________________________________

Career information, dates, and places of employment______________________________________________

Civics, church, government, club activities and positions, note if local_________________________________

Lifelong interests or achievements_______________________________________________________________

Military service_______________________________Awards, honors_________________________________

Surviving children: Provide name, city or town of residence, and, if minors, age________________________

Children who are deceased___________________________________________________________________

Number of surviving grandchildren________________________Great-grandchildren______________________

Surviving brothers and sisters. List name and residence____________________________________________
OBITUARY FORM
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Other primary survivors_______________________________________________________________

If deceased was member of church, give name and place_____________________________________________

Time and date of service___________________Place of service_______________________________________

Full name of minister or person officiating________________________________________________________

Other services, if any_________________________________________________________________________

Name and location of cemetery, if any. Dispersal of ashes, if relevant______________________________

Cremation Yes (    )   No (   )

Suggested memorial contributions______________________________________________________________

Address, including Zip Code_________________________________________________________________

SIGNATURE_____________________________________________Telephone number______________________