

# Obituary Information for Ajo Copper News

Please submit this information to the Ajo Copper News by noon on Monday to ensure publication in the next issue. Email [cunews@cunews.info](mailto:cunews@cunews.info), mail **AJO COPPER NEWS**, PO Box 39, Ajo, AZ 85321, or stop by our office at 10 W. Pajaro St. We like to include a photograph: one can be emailed, mailed, or left at the newspaper office.

## Please type or print neatly.

Full name of deceased \_\_\_\_\_

Nickname (optional) \_\_\_\_\_ Age \_\_\_\_\_

Hometown (current residence) at time of death \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Parents (names) \_\_\_\_\_

Education (school/degrees) \_\_\_\_\_

Military Service (branch/rank/time period) \_\_\_\_\_

Came to Ajo in (year) \_\_\_\_\_ From (city/state) \_\_\_\_\_

Lived here (how long) \_\_\_\_\_ Left here (year) \_\_\_\_\_

Fulltime resident?  If not, what part of year here? \_\_\_\_\_ Other home (city/state) \_\_\_\_\_

Married (spouse's name/maiden name) \_\_\_\_\_

Date \_\_\_\_\_ Where \_\_\_\_\_

Previous marriages (optional) \_\_\_\_\_

Occupation \_\_\_\_\_

Retired?  When \_\_\_\_\_

Last employer \_\_\_\_\_ Where \_\_\_\_\_

Church affiliation \_\_\_\_\_

Club affiliations \_\_\_\_\_

Hobbies/other information \_\_\_\_\_

**Preceded in death by** (if spouse, please give spouse's date of death)

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

**Survived by** (name & city/state)

Parents \_\_\_\_\_

Spouse \_\_\_\_\_

Sons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daughters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brothers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sisters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren (how many) \_\_\_\_\_

Great-grandchildren (how many) \_\_\_\_\_

**Service Information**

Visitation? Place \_\_\_\_\_ Date/Time \_\_\_\_\_

Rosary or prayer service? Place \_\_\_\_\_ Date/Time \_\_\_\_\_

Funeral Place \_\_\_\_\_

Day/date/time \_\_\_\_\_

Conducted by \_\_\_\_\_

Burial Place \_\_\_\_\_ Burial Date/Time \_\_\_\_\_

Buried next to family member? \_\_\_\_\_ Who? \_\_\_\_\_

Graveside services conducted by \_\_\_\_\_

Other service information \_\_\_\_\_

Pallbearers \_\_\_\_\_

Arrangements by (funeral home name) \_\_\_\_\_

Submitted by \_\_\_\_\_ Phone \_\_\_\_\_