



Main Office
 7191 East Genesee Street
 Fayetteville, New York 13066

EATON-TUBBS *in Fayetteville since 1850*
 NEWELL-FAY *in Manlius since 1865*
 R.H. SCHEPP & SON *in Minoa since 1938*

(315) 637-3214 637-4966 (fax)
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Run this obituary in the _____ editions of the Post Standard

Picture provided

Please use this symbol:



Other paper picture requested: yes no

day & date requested:
 price limit:

Other paper picture requested: yes no

day & date requested:
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- * All obituaries must be submitted by a funeral home
- * The first two inches of the obituary are provided at no charge by the paper
- * The paper charges for space after the initial first two inches

- * The deadline for obituaries is 4 p.m. for the next day's publication
- * The obituary is considered advertising and will not be edited; you may compose the obituary anyway you wish; the following form is a suggested format.

Name: _____ Maiden: _____ Age: _____

City: _____ State: _____

died entered unto rest passed away Day and date of death: _____

Place of death: _____ Cause of death: (if desired) _____

Place of birth: _____ Date of birth: _____

If the deceased is a former local resident, what town/city did he/she live in?

Education (indicate attended or graduated):

BIOGRAPHICAL INFORMATION :

Occupation:

Length of employment: _____ Year of retirement: _____

Church affiliation:

Clubs / organizations / hobbies / interests:

MILITARY SERVICE (branch and war):

PREDECEASED BY (spouses, children, or any, including year):

SURVIVORS:

Spouse: Maiden: Number of years married:

Number of daughter (s): Names (& spouses, if desired) and city/town of their residence:

Number of son (s): Names (& spouses, if desired) and city/town of their residence:

Number of sister (s): Names and city/town of their residence:

Number of brother (s): Names and city/town of their residence:

Parents and city/town of their residence. Indicate living/deceased and together/separated for each:

Paternal grandparents and city/town of their residence. Indicate living/deceased and together/separated for each:

Maternal grandparents and city/town of their residence. Indicate living/deceased and together/separated for each:

Number of grandchildren: Great-grandchildren: Great-great grandchildren:

Nieces & nephews: Cousins: Aunts & uncles

FUNERAL/MEMORIAL SERVICES:

Time: Day and date:
Name of place:
Address: City/town:

CHURCH SERVICES:

Time: Day and date:
Name of church:
Address: City/town:

BURIAL:

Cemetery:
City/town: _State:

CALLING HOURS/VISITATION:

Time: Day and date:
Name of place:

FRATERNAL/CIVIC ORGANIZATON SERVICES:

Time: Day and date:
Name of place:

CONTRIBUTIONS:

Organization's name:
Address:
City/town: State: ZIP:

Organization's name:
Address:
City/town: State: ZIP: