

Obituary Template

ADD OR OMIT ANY OF THE INFORMATION

NAME AND CITY OF RESIDENCE (OPTIONAL)

AGE (OPTIONAL)

DIED/PASSED AWAY AT (HOSPITAL/NURSING HOME/HOME, ETC.,
OPTIONAL) DAY/DATE/YEAR

PREDECEASED BY SPOUSE, PARENTS, CHILDREN, SIBLINGS, ETC., (OPTIONAL)

SURVIVED BY SPOUSE, CHILDREN (AND THEIR SPOUSES), GRANDCHILDREN,
GREAT GRANDCHILDREN, NUMBER/AND OR NAMES, SIBLINGS, FOLLOWED
BY SEVERAL NIECES, NEPHEWS, COUSINS, AUNTS AND UNCLAS. CITY/STATE
OF SURVIVORS IS OPTIONAL.

AFFILIATIONS/MEMBERSHIPS CHURCH/PLACE OF WORSHIP, CLUBS,
RETIRED FROM, ETC.

(IN LIEU OF FLOWERS), EXPRESSIONS OF SYMPATHY IN HIS/HER MEMORY
MAY BE MADE TO:

PLEASE NOTE

IF THE FUNERAL HOME IS SUBMITTING THE OBITUARY, THE DEADLINE TO
SUBMIT IS **NOON**. THE FUNERAL HOME WILL ADD THE VISITATION AND
SERVICE INFORMATION.

FOR SUBMITTING YOUR OWN OBITUARY/PHOTO

THE PRESS & SUN-BULLETIN

(888) 516-0060

EMAIL CNYOBITS@GANNETT.COM.

SUBMIT PHOTO AS A JPEG ATTACHMENT

DEADLINE FOR PUBLISHING AN OBITUARY IS 2 PM DAILY, EXCEPT HOLIDAYS
CALL FOR HOLIDAY DEADLINES

CHARGES ARE BASED ON THE NUMBER OF LINES AND THE NUMBER OF
DAY(S) IT IS RUN
(2 DAYS IS STANDARD)

***CREDIT CARD PAYMENT AND DAY(S) TO RUN ARE REQUIRED WHEN
SUBMITTING AN OBITUARY***

Allen Memorial Home
607-754-0110
511-513 E. Main Street

Simplicity Cremations
607-754-1449
511-513 E. Main Street

Celebrations on the Avenue
607-757-2520
215 Washington Avenue