

## *the Grapevine* Obituary Form

This form will assist the editor in writing a proper *Grapevine* obituary. Because newspaper obituaries often do not include such items as listed below, please answer as many questions as possible or appropriate. Please make a copy of this form, fill in and mail to the following address with a photo of the deceased:

Editor  
Society of Former Special Agents of the FBI, Inc.  
3717 Fettle Park Drive  
Dumfries, VA 22025 or email it to [grapevine@socxfbi.org](mailto:grapevine@socxfbi.org)

Questions? Call 703-445-0026

I wish to advise that a ( ) member ( ) spouse of a member of the Society has died.

Name of Deceased \_\_\_\_\_

Bureau Service Dates \_\_\_\_\_

Date of Death: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age of Deceased \_\_\_\_\_

Cause of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Address of Deceased \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chapter Name \_\_\_\_\_

Name of surviving spouse (or next of kin) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Would a family member like to receive a copy of the *Grapevine* containing the obituary? ( ) Yes ( ) No

**Please Note: *the Grapevine* provides up to five complimentary copies (in addition to the subscription copy) of the issue containing the obituary. Additional copies are available for \$5 each.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Photograph attached? ( ) Yes

SASE for return of photograph? ( ) Yes

Would you like to add a line at the end of the obituary that reads "If you would like to honor the memory of (name of deceased), the family has requested that memorial contributions be made to the Former Agents of the FBI Foundation."? ( ) Yes ( ) No

(continued on next page)

## Decedent's Personal Information

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Where Raised? \_\_\_\_\_

Schools attended/graduated/Degrees awarded \_\_\_\_\_

\_\_\_\_\_

Scholastic Achievements/Honors \_\_\_\_\_

Veteran ( ) Yes Service Information \_\_\_\_\_

Bureau Office Assignments or spouse's work experience \_\_\_\_\_

\_\_\_\_\_

Interesting facts while in the Bureau or spouse's life \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Service \_\_\_\_\_

\_\_\_\_\_

Clubs and Organizations \_\_\_\_\_

Survived by ( ) Wife ( ) Husband

Children's names \_\_\_\_\_

\_\_\_\_\_

Number of grandchildren \_\_\_\_\_ Number of great-grandchildren \_\_\_\_\_

If any additional space is needed, please attach to back of this form, along with newspaper obituary and photo.

Submitted by: \_\_\_\_\_ Phone or e-mail \_\_\_\_\_