

John A Ritchay Jr.
Michael J. Ritchay
Phillip G. Nowicki
Aaron W. Ritchay
Joseph A. Ritchay

Ritchay
FUNERAL HOME
1950 12th Street South, P.O. Box 847
Wisconsin Rapids, Wisconsin 54495-0847

Phone: (715)423-1414
Fax: (715) 423-1818
E-Mail: ritchayfh@wctc.net

Obituary/Pre-Planning Information

(Please complete in full with as much detail and accuracy as possible.)

Name: (First, Middle, Last) _____

Address: _____

City/Town/Village: _____ State: _____ Zip: _____

Male / Female (Circle One) Birth City/Town/Village: _____

Date of Birth: _____ Birth State/Country: _____

Home Phone No. (_____) _____ - _____ Social Security No. _____ - _____ - _____

Father's Full Name: _____

Mother's Full Name (**Include Maiden**) _____

Email: _____

Marital Status:

Please Check or Circle One: Single Married Divorced Widowed

Spouse's Name (Include Maiden) _____

First

Middle

Last (Maiden)

Date of Marriage: _____

Location of Marriage: (City/Church) _____

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Education and Employment History:

High School Education (please check/circle highest grade completed):

8 12 High School Attended/Graduation Year _____

College (please check/circle one): Yes No

Number of Years Completed/Degree: _____

College(s) Attended: _____

Locations of College(s): _____

Occupation: _____ **Type of Business:** _____

Name/Place of Employment: _____

Number of Years Employed: _____ Date of Retirement: _____

Military Service Information

Veteran (please check/circle one): Yes No

Branch: Army Navy Air Force Marines Coast Guard

Period (please check/circle one):

WWII Korea Vietnam Desert Storm Iraq/Afghanistan Peace Time

Date Entered Service: _____ **Date Discharged:** _____

Serial/Service Record Number: _____

Do You Have A Copy of Your Discharge Papers (DD-214) Yes No

Membership in Any Local Veterans Organizations? VFW? Am Legion? _____

Do you wish to have a graveside service with military honors?

Yes No

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List of Survivors- Used in Obituary
(Please include: Spouse and City/State where they reside)

Husband or Wife:

Parents:

Sisters: Include Spouse

Grandparents:

Sons: Include Spouse

Grandchildren: No. _____ Names Optional

Daughters: Include Spouse

Great-Grandchildren: No. _____ Names Optional

Step-Children: Include Spouse

Brothers: Include Spouse

Other Survivors: Other Family/Friends

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Preceded in Death by:

Organization, Clubs Belonged to:

Hobbies, Interests, Events, Awards:

Memorials Designated to: Charitable Organizations/Special Causes/Educational Funds Etc.....

Family Member Funeral Home May Contact To Make Funeral Arrangements:

Name: _____

Phone: _____

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Type of Funeral Services Desired: (Please check or circle one)

~We will discuss a full range of options with you during the Pre-Arrangement or At-Need Arrangements conference.

Traditional Funeral – Open casket viewing– Public Visitation/Wake, Funeral service at church or funeral home, followed by burial or entombment at cemetery. All one day or evening visitation. Embalming Required for Viewing.

Direct Burial/Graveside Services – Direct burial at cemetery with or without graveside services. Embalming is optional, Closed Casket. Services can be public or private.

Traditional Funeral Service with Cremation – Public visitation with open casket viewing. Use of rental casket, Funeral service at Church or Funeral Home- all one day services or with night visitation the evening before the funeral. Funeral service is followed by cremation of the body. Embalming Required for viewing.

Cremation with Memorial Services – Immediate cremation of body, followed by memorial service either at Church, Funeral Home, or place of your choice.

Direct Cremation – Cremation process is performed. No memorial service.

Other Type of Service- Please Specify: _____

Embalming preferred? Yes No

Note: It is our funeral home policy to require embalming when the casket is going to be open for a public visitation.

Visitation/Wake to be held at (please check/circle one):

Funeral Home Church Other: Name: _____

Funeral or Memorial services to be held at (please check/circle one):

Church Cemetery Funeral home Mausoleum Other:

Name: _____

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Religious/Church Affiliation

Name of Church: _____

Clergy Name: _____

Location: _____

Phone Number: (____) - ____ - _____

Note: If no minister/clergy is available to you, we have several local ministers of various religious denominations we can contact for you. These ministers are available to perform a funeral home service and/or a graveside service at the cemetery for you.

Special Music Requests/Hymns for Funeral or Memorial Services:

Luncheon or Gathering After Service: None Church Restaurant Other

Type of Food to be Served: Chicken or Ham Dinner Ham/Turkey Sandwiches Other

Cemetery Information

Burial: Yes No

Entombment: Yes No

Grave Space/Plot Already Purchased? Yes No

Name of Cemetery/Mausoleum: _____

Location and/or Address: _____

Plot Location if Possible: Section _____ Block _____ Lot _____

Monument or Grave Marker Already Purchased? Yes No

Company Monument was Purchased Through: _____

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Newspapers Requested for Obituary Submission

- Wisconsin Rapids Daily Tribune Wausau Daily Herald Marshfield Herald
- Stevens Point Journal Milwaukee Journal Other _____

*Please note- there is a charge for each newspaper selected for the obituary.

Pallbearers for Funeral Service: 6 is traditional. Can use more than 6 if necessary.

Other Information or Special Requests for the Funeral Home

Please complete and drop off at our funeral home at your convenience.

Also: Mail or FAX

Wisconsin Rapids Location:

Ritchay Funeral Home
1950 12th Street South
PO Box 847
Wisconsin Rapids, WI 54495-0847
PHONE- 715-423-1414
FAX (715) 423-1818

Nekoosa Location:

Feldner/Ritchay Funeral Home
615 1st Street
PO Box 102
Nekoosa, WI 54457-102
Phone- 715-886-3161
FAX (715) 886-3359