



Obituary Form

Print or Type (Please check to make sure each name is spelled correctly. If a copy of the funeral program contains a complete obituary, you may submit that instead of completing this form.)

_____ LAST NAME _____ FIRST NAME _____ M.I.

born _____, _____, _____;
MONTH DAY YEAR CITY STATE

died _____, _____, _____.
MONTH DAY YEAR CITY STATE

_____ was a member of _____ church.
HE/SHE CHURCH NAME, CITY, AND STATE

IF THE DECEASED WAS EVER A DENOMINATIONAL EMPLOYEE, GIVE A BRIEF HISTORY:

Survivors:

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

_____, _____, _____;
RELATIONSHIP NAME CITY, STATE

RELATIONSHIP	NAME	CITY, STATE
RELATIONSHIP	NAME	CITY, STATE
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RELATIONSHIP	NAME	CITY, STATE
RELATIONSHIP	NAME	CITY, STATE
RELATIONSHIP	NAME	CITY, STATE
RELATIONSHIP	NAME	CITY, STATE

ADDITIONAL INFORMATION NOT INCLUDED ELSEWHERE ON THE FORM.

Name of Conference _____

Name of Church _____

Submitted by: _____

Phone Number: _____ E-mail: _____

By e-mail: Save and e-mail the completed form to the Editor at gleaner@atlanticunion.org.

or

Mail: Save, print, and mail the completed form to:

Editor, Atlantic Union *Gleaner*, P.O. 1189, South Lancaster, MA 01561