

Columbia Union

Visitor Obituary Submission Form

LAST NAME

FIRST NAME

M.I.

born: _____, _____, _____,
MONTH DAY YEAR CITY OR COUNTY STATE

died: _____, _____, _____,
MONTH DAY YEAR CITY OR COUNTY STATE

_____ was a member of the _____ church.
HE OR SHE NAME OF CHURCH

Information about deceased: childhood/education, denominational service/career,
service at local church, retirement, interests/hobbies, etc.)

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

Name of Conference

Name of Church

Reported by

Phone Number Email address

Mail completed form to Columbia Union *Visitor*, Attn: Sandra Jones, 5427 Twin Knolls Rd., Columbia, MD 21045, fax (443) 259-9671 or email sjones@columbiaunion.net