

# 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

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RELATIONSHIP NAME CITY, STATE

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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](mailto:sjones@columbiaunion.net)