

Columbia Union

Visitor Obituary

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

(IF 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

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_____	_____	_____
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 _____

Send completed form to Visitor Obituaries, Columbia Union Conference, Attn: Sandra Jones, 5427 Twin Knolls Rd., Columbia, MD 21045 or fax: (410) 997-7420. sjones@columbiaunion.net