

# 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

COLUMBIA UNION VISITOR OBITUARY - page 2

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_;  
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.