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OBITUARY REQUEST FORM

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NAME OF DECEASED*	•				
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DATE OF OBITUARY PUBLICATION (IF KNOWN) PAGE NUMBER (IF KNOWN) COLUMN NU			MBER (IF KNOWN)		
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FORM WILL BE SUBMITTED VIA: POSTAL MAIL (PAYMENT OF \$INCLUDED) EMAIL				STAFF INITIALS:	
IF OBITUARY IS LOCATED, INDICATE HOW YOU WOULD PREFER TO RECEIVE INFORMATION: ☐ MAIL PRINTED PHOTOCOPY ☐ EMAIL DIGITAL SCAN				DATE PROCESSED:	