Obituary Request Form

CONTACT INFORMATION

Name: ___________________________________________________________________________________
Address: _________________________________________________________________________________
City: ________________________________ State: _________________________  Zip: ________________
Phone: __________________________________________________________________________________

OBITUARIES

Name of Deceased: ________________________________   Publish Date: ____________________________
Newspaper: ______________________________   Section: ________   Page: _______   Column: _________

Name of Deceased: ________________________________   Publish Date: ____________________________
Newspaper: ______________________________   Section: ________   Page: _______   Column: _________

Name of Deceased: ________________________________   Publish Date: ____________________________
Newspaper: ______________________________   Section: ________   Page: _______   Column: _________

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Name of Deceased: ________________________________   Publish Date: ____________________________
Newspaper: ______________________________   Section: ________   Page: _______   Column: _________

Mail form and a check for $10.53 x number of requests to the following address:

Jones Memorial Library
2311 Memorial Avenue
Lynchburg, Virginia, 24501