# OBITUARY FORM

South Central Conference Communication Department

Name _____ Position _____

Church / School _____ Daytime Phone (  ) _____

Address _____ City _____ State _____ Zip Code _____

**Directions:** Please fill in the information below and attach a funeral program if one is available.

Full Name of Deceased:

Date of Birth:

Birthplace:

Date of Death:

City of Death:

Member of what Church:

City of Church:

Officiating Pastor:

Denominational Service:

Survivors:

_____

_____

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_____

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_____

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_____

Photo included [ ] yes [ ] no (We cannot promise the return of photos that are sent to the Southern Tidings.)

Send this form to:Department of Communication, South Central Conference, 715 Youngs Lane, Nashville, TN 37207