

**Obituary Tidings Request Form**

Please fill this form completely. In addition to this information, applicants must also send a copy of the deceased's obituary via email, [pmora@kytn.net](mailto:pmora@kytn.net).

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
*mm/dd/yyyy City State*

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
*mm/dd/yyyy City State*

Church Membership \_\_\_\_\_  
*Name of Congregation City State*

Denomination Employment (Total years of service) \_\_\_\_\_  
*Write "N/A" if not applicable*

When, Where, Position Held \_\_\_\_\_  
*Write "N/A" if not applicable*

**Survivors**

Spouse: \_\_\_\_\_ Years Married \_\_\_\_\_ City and State \_\_\_\_\_

Sons (List with city and state) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daughters (List with city and state) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of grandchildren \_\_\_\_\_ Number of Great-grandchildren. \_\_\_\_\_

Who is submitting this request? \_\_\_\_\_  
*Name Relationship*

Signature: \_\_\_\_\_