

Obituary Request Form

Please use **one form per request** and **print clearly**. * = a required field

* Deceased name _____

* Date of death _____

Date of birth (if known) _____

Place of death (if known) _____

Requestor's contact information

* Name _____

* Mailing address _____

* City _____ * State _____ * Zip/Postal code _____

Telephone (_____) _____

E-mail address _____

This request form can be **mailed**, **faxed** or **e-mailed**.

- **Mail:** Escanaba Public Library, Attn: Reference, 400 Ludington Street, Escanaba, MI 49829

- **E-mail:** epl@escanabalibrary.org

If using email, make sure to provide the information in the required fields above.

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- Search results are sent to requestor via U.S. Mail. For other options, contact the library.
 - To speak with library staff regarding your request, call the reference desk at 906-786-4463
 - Please allow from 1-3 weeks for your request to be processed.