OBITUARY FORM

You can use this form to print and submit obituaries.

Please mail the form to:
The Courier – Obituaries
P.O. Box 609
Findlay, OH 45839

Or scan & email to
obit@thecourier.com

drop off this form to:
The Courier – Obituaries
701 W. Sandusky St.
Findlay, Ohio 45840

Policy: Obituaries and Funerals are considered news and are published without charge. Families and funeral directors may add information and a photo to Obituaries, and a fee is charged for publication. You can email paid obituaries to obit@thecourier.com. If you are using this form to submit a paid obituary, please indicate in the box under 'Contact information'. Entries without a name will be ignored.

*Survivors include the deceased's spouse, children, siblings, parents and grandparents. Please indicate "step" or "half" relationships. Companions, caregivers and fiancés may be listed only if he/she resided with the deceased. Nieces and nephews may be listed only if they are the only survivors.

* indicates required field

*Is this a paid obituary?  ___ Yes        ___ No  *Will a photo be included?  ___ Yes        __ No

*Deceased Information

Full Name: __________________________________________________________ Age: _____
Residence: ____________________________________________________________________
Former residences: ____________________________________________________________ 
Date & Time of Death: ____________________ Place of Death: __________________________

Survivors

Please provide full name, residence (city/state), & relationship (ex: Jane Smith/Findlay, OH/Wife)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Funeral Information

Funeral type: ___ Private   ___ Graveside   ___ Memorial   ___ Other (e.g. military honors, prayer services, etc.) *if 'other,' please specify: ______________________________________________________
Date and Time: _______________________________ Officiant: ________________________________
Location: ____________________________________________________________________________
City: ________________________________________________________________________________

Burial Information

Burial type: __________________________
Location: ______________________________ City: _____________________________

**Visitation Information**

Type: ______________________________ Date(s) and Time(s): __________________________

Location: ______________________________ City: _____________________________

Other Services (e.g. military honors, prayer services, etc.): __________________________

**Memorial Designations:**

**Arrangements** Funeral Home: ________________________________________________

Contact Person: ____________________________ Website: __________________________

*Contact Information*

Full Name: ____________________________

Address 1: ____________________________

City: _________________________________

State/Province: ____________________________ *Country: ____________________

Phone: (____) _______ - _______ Email: ____________________________________________

Additional information, or obituary in full (as you wish it to appear in print): __________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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