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.

- 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.