

Obituary Request Form

Please complete this form and mail to:

**Charles City Public Library
106 Milwaukee Mall
Charles City, IA 50616**

Person Requesting _____

Date _____

Street Address _____

City _____ State _____

Phone Number _____ or email _____

Name of Deceased _____

Date of Birth _____ Date of Death _____

Other Information _____

Status:

for staff use

Unable to Find _____

Need to look further _____

Last Roll Searched _____

Found _____

Microfilm /Roll# _____

Date Sent _____

Payment Received. _____