Elkhart Public Library
Obituary Request Form

Obituaries: $5.00 for every 1-3 requests plus a self-addressed, stamped envelope for printed copies.

Your name ____________________________________________________________
Address ________________________________________________________________
Email Address __________________________________________________________
Phone Number __________________________________________________________

Full Name of Person ____________________________________________________
Death Date __________________________________________________________________
Obituary Date and Page Number ______________________________________________

Full Name of Person ____________________________________________________
Death Date __________________________________________________________________
Obituary Date and Page Number ______________________________________________

Full Name of Person ____________________________________________________
Death Date __________________________________________________________________
Obituary Date and Page Number ______________________________________________

Please check how you would like the information sent to you:  Email    Postal

Email or mail this form with your payment and SASE (if applicable) to:
Elkhart Public Library
Genealogy Department
300 South Second Street
Elkhart, Indiana 46516
reference@myepl.org

Staff will answer written requests on a first come, first served, as-time-permits basis.