

Heritage Room Form

- Each request = \$2.50
- Obit will be sent once I receive payment
- Checks ONLY - payable to USCL
- Allow for two-three weeks to receive item

Name of Deceased/
Information Requested: _____

Newspaper/Publication: _____

Newspaper Date: _____

Any Additional Info:

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Caller's Name: _____

Phone Number: _____

Address: _____

Email: _____