

the Chronicle

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OBITUARY NOTICE

Please fill in the blanks, TYPING OR PRINTING CLEARLY. Fill in all names in full. If photos are to be returned to you, please enclose a SELF-ADDRESSED, STAMPED ENVELOPE and we'll send them back, or come into the office and pick them up, or email info and pix to news@bartonchronicle.com

_____, Age _____, of _____
Name of deceased Address

Address

died on _____
Date of death

at _____
Time or Address where deceased

Names of family members you'd like mentioned: _____

Any information you'd like mentioned about the deceased _____

Date, time of services, place where services to be held: _____

Contributions or memorials made: _____

Person submitting information and your phone number: _____
