Tallmadge High School Alumni Association Alumni Death Report Form

	ABC	OUT TH	IE DE	CEA	SED A	LUM	NI					
THS Class Year												
Graduate from THS?		Yes			No							
Personal Information												
Prefix (Mr, Mrs, Ms, Dr)												
First Name												
Last Name												
Suffix												
Student First Name												
Student Last Name												
Date of Death												
Where Alumni Resided												
If available, please provide link to obituary or note newspaper and date obituary ran.												
Contact Information												
Contact Information	ABC	OUT YC	00									
Prefix (Mr, Mrs, Ms, Dr)	ABC	OUT YC	DU									
	ABC	OUT YC	00					 	 			
Prefix (Mr, Mrs, Ms, Dr)	ABC							 	 	 	 	
Prefix (Mr, Mrs, Ms, Dr) First Name	ABC									 	 	
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name								 	 	 	 	
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix										 		
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address Relation to Deceased												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address Relation to Deceased												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address Relation to Deceased												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address Relation to Deceased												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address Relation to Deceased												
Prefix (Mr, Mrs, Ms, Dr) First Name Last Name Suffix Phone Number Email Address Relation to Deceased												

Thank you for providing this information. We memorialize our alumni each year at our annual meeting and we appreciate your help in keeping our records accurate.