

- PHOTO? (check one)**
- NO** photo
 Hand-delivered to *PDN* office
- Sent by e-mail (hi-res/.jpg): *news@peninsuladailynews.com*
 Sent by U.S. mail. See address, below.

PENINSULA DAILY NEWS OBITUARY REQUEST
FILL-IN ALL BLANKS. USE "Not Applicable" WHEN APPROPRIATE.
 * * *means MUST INCLUDE*

No later than 14 days after the date of death, free news obituaries are available through the Newsroom for present or former area residents when the following information is provided.

Survivors who prefer to write death and memorial notices in their own words may purchase space through the Classified Department. Phone (360) 417-3556 for rates and publication schedule. As able, these will be run in the same section as newsroom obituaries.

DECEASED:

Miss/Ms./Mrs./Mr. _____ Age: _____

Of (city/state): _____ *Cause of death. Be specific.* _____

Date (year) to North Olympic Peninsula; _____ Date (year) left area: _____

PERSONAL INFORMATION:

Date of Death: _____ Place of death: _____

Date of Birth: _____ Place of birth: _____

Father's full name: _____

Mother's full maiden name: _____

Married to. If wife, full maiden name: _____

Date and place: _____

Spouse. Deceased/divorced? _____ If so, date: _____

Additional marriages. To whom/where/when: _____

Died/divorced. When/where: _____

Military. Service branch, dates, rate/rank, specify duty: _____

Notable education: _____

Occupations and places of residence: _____

Personal notes/particular interests: _____

ORGANIZATIONS:

Church: _____ Veterans: _____

Lodges: _____ Grange: _____

Clubs: _____ Union: _____

Professional: _____

Other: _____

SURVIVORS: NAME PLUS CITY AND STATE. May include/designate "steps."
If not a survivor but preceded in death by, place name(s)/date(s) in parentheses

Spouse: _____

Sons and daughters-in-law: _____

Daughters and sons-in-law: _____

Parents /step-parents/parents-in-law: _____

Brothers and sisters-in law: _____

Sisters and brothers-in-law: _____

Grandchildren: _____ Great-grandchildren: _____ Great-great-grandchildren: _____

SERVICES: DAY, DATE, TIME AND PLACE

Visitation: _____ Rosary: _____

Funeral, graveside, inurnment or memorial. Specify: _____

Officiant (a Rev.?) _____ Burial at: _____

Reception, Open House, Potluck. Specify when/where: _____

MEMORIAL CONTRIBUTIONS. Include full mailing address(es):

*** FUNERAL HOME, MORTUARY OR CREMATORY SERVING NEEDS ***

Name: _____ Location: _____ Phone: _____

Information supplied by: _____ Phone: _____

Are spelling, survivors, name spellings and dates correct? Yes: _____ No: _____

***SIGNATURE OF FAMILY MEMBER:** _____ **Date:** _____

The Peninsula Daily News is not responsible for misspellings or inaccuracies caused by incorrect information on this form.

APPROVED FOR PUBLICATION

SIGNATURE OF FAMILY MEMBER: _____ **Date:** _____

PENINSULA DAILY NEWS
305 W. First St. (P.O. Box 1330), Port Angeles, WA 98362
Phone 360-417-3528 Fax 360-417-3521 Revised 02/08/08