

PHOTO? (check one)

- NO** photo
- Sent by e-mail (hi-res/.jpg) to . . . *news@peninsuladailynews.com*
- Hand-delivered to PDN office
- Sent by U.S. mail — see address below

INSIGNIA? No Yes (if yes, circle one of the following)

American flag, Christian cross, Eastern Star, Kiwanis Club, Knights of Columbus, Lions Club, Masons, Shriners, Star of David, Rotary Club, Soroptimist, Toastmasters, Air Force, Coast Guard, Marine Corps, Navy, Army, Merchant Marine ■ Special request (if available) _____

PENINSULA DAILY NEWS
OBITUARY GUIDANCE SHEET

FILL-IN ALL BLANKS. USE “Not Applicable” WHEN APPROPRIATE.

*☞ * means INFORMATION REQUIRED ☜*

News obituaries are available through the Newsroom for North Olympic Peninsula residents when the following information is provided. This information helps us write a portrait of this person's life. A recent photo of the deceased can be included. An insignia also can be included (see above). *The finished obituary will be charged at \$10 per column inch of actual published space.*

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. These will appear as separate advertisements in the same section as obituaries.

The text of news obituaries and Death and Memorial Notices appears online at *www.peninsuladailynews.com*.

DECEASED:

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

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

Year came to North Olympic Peninsula: _____ Year left area (if applicable): _____

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 status: Deceased/divorced? _____ If so, date: _____

Additional marriages. To whom/where/when: _____

*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.** Please designate stepchildren, other "steps."
If not a survivor, please put name 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, celebration of life. Specify when/where: _____

MEMORIAL CONTRIBUTIONS (include full mailing address[es]):

* FUNERAL HOME, MORTUARY OR CREMATORY SERVING NEEDS

Name: _____ City: _____ Phone: _____

Web site (if applicable) _____

VERIFICATION OF INFORMATION

Information supplied by: _____ Phone: _____

Are name spellings, survivor listings, name spellings and dates correct? Yes: _____

* SIGNATURE OF PERSON COMPLETING FORM _____

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: _____ Phone _____

CONTACT US:

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news@peninsuladailynews.com

Office use only

Publication date _____

Page No. _____

By _____