

# The Reporter Obituary form

Please print or type and be sure to fill out both pages of the form (if applicable).  
Attach a separate page if necessary for any additional information.

**Mortuary:** \_\_\_\_\_

**Date submitted:** \_\_\_/\_\_\_/\_\_\_ **Preferred run date:** \_\_\_/\_\_\_/\_\_\_

**Name of deceased:** Mr., Mrs., Ms. \_\_\_\_\_

**Nickname (optional):** \_\_\_\_\_ **Date of birth:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_

**City of residence:** \_\_\_\_\_

**Birth place:** \_\_\_\_\_

**Date & place of death:** (Date) \_\_\_/\_\_\_/\_\_\_ (Place) aaaa \_\_\_\_\_

## Services

**Type of service:**

other \_\_\_\_\_

**Interment:**

other \_\_\_\_\_

**Date of Service:** \_\_\_/\_\_\_/\_\_\_ **Time of Service:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Clergy officiating:** \_\_\_\_\_

**Visitation date:** \_\_\_/\_\_\_/\_\_\_ **Time of Visitation:** \_\_\_\_\_

**Visitation location:** \_\_\_\_\_

**Other services (time)** \_\_\_\_\_

**Location** \_\_\_\_\_

**Contributions preferred to:** \_\_\_\_\_

## Personal background

**Cause of death** (specific if you wish, or "long" or "brief" illness, accident, etc.)

**Occupation (s)** (if more than one, list separately)

**Number of years**

**Year retired**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special interests, organizations, church membership, hobbies, etc. (attach separate page if needed)

\_\_\_\_\_

## Survivor Information

Please include names, cities of residence and whether predeceased

Spouse \_\_\_\_\_ No. years married \_\_\_\_\_

Parent(s) \_\_\_\_\_

Brother(s)-in-law \_\_\_\_\_

Sister(s)-in-law \_\_\_\_\_

Daughter(s)-in-law \_\_\_\_\_

Son(s)-in-law \_\_\_\_\_

Stepbrother(s) \_\_\_\_\_

Stepsister(s) \_\_\_\_\_

Stepdaughter(s) \_\_\_\_\_

Stepson(s) \_\_\_\_\_

Grandparent(s) \_\_\_\_\_

Great-grandparent(s) \_\_\_\_\_

No. grandchildren \_\_\_\_\_ No. great-grandchildren \_\_\_\_\_ No. great-great-grandchildren \_\_\_\_\_

Grandchildren \_\_\_\_\_

Great-grandchildren \_\_\_\_\_

Great-great-grandchildren \_\_\_\_\_

Other (long-time friend, companion, etc.) \_\_\_\_\_

**Must be completed & in to The Reporter by 1 p.m the day before publication  
(for Sunday/Monday runs, by Friday 1 p.m.)**

Phone (707) 453-8184: Fax (707) 451-5211: e-mail obits to [obits@thereporter.com](mailto:obits@thereporter.com)

Length \_\_\_\_\_ Cost \_\_\_\_\_ Date(s) of Publication \_\_\_\_\_

What rate (circle) : WEEK DAY or WEEKEND and EMAILED or TYPED Costs of emblem(s) \_\_\_\_\_

Cost for photo(s) \_\_\_\_\_ 2nd day (35% off) \_\_\_\_\_ additional days (1/2 price) \_\_\_\_\_

Total cost \_\_\_\_\_ Billing info. \_\_\_\_\_