

# The Reporter Obituary form

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

**Mortuary** \_\_\_\_\_ **Date submitted** \_\_\_ / \_\_\_ / \_\_\_ **Preferred Publication date** \_\_\_ / \_\_\_ / \_\_\_  
**Name of deceased:** Mr., Mrs., Ms. \_\_\_\_\_ **Nickname** (optional) \_\_\_\_\_  
**Age** \_\_\_\_\_ **City of residence** \_\_\_\_\_ **Date of birth** \_\_\_ / \_\_\_ / \_\_\_  
**Date and place of death:** (Date) \_\_\_ / \_\_\_ / \_\_\_ (Place) \_\_\_\_\_  
**Birth place** \_\_\_\_\_

## Services

**Type of service.** Please circle one: Mass, graveside, memorial, funeral, other \_\_\_\_\_  
**Please circle one:** Burial, inurnment, entombment, ashes scattered, other \_\_\_\_\_  
**Date of service** \_\_\_ / \_\_\_ / \_\_\_ **Time of service:** \_\_\_\_\_ a.m./p.m.  
**Location** \_\_\_\_\_ **City** \_\_\_\_\_  
**Clergy officiating** \_\_\_\_\_  
**Visitation time** \_\_\_\_\_ a.m./p.m. **Visitation location** \_\_\_\_\_  
**Other services** (time) \_\_\_\_\_ a.m./p.m. **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)  
**Place(s) employed**

**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** \_\_\_\_\_  
**Daughters** \_\_\_\_\_  
**Stepdaughters** \_\_\_\_\_

**Sons** \_\_\_\_\_  
**Stepsons** \_\_\_\_\_  
**Parents** \_\_\_\_\_  
**Sisters** \_\_\_\_\_  
**Stepsisters** \_\_\_\_\_  
**Brothers** \_\_\_\_\_  
**Stepbrothers** \_\_\_\_\_  
**Grandparents** \_\_\_\_\_  
**Great-grandparents** \_\_\_\_\_  
**No. grandchildren** \_\_\_\_\_ **No. great-grandchildren** \_\_\_\_\_ **No. great-great-grandchildren** \_\_\_\_\_  
**Grandchildren** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Great-grandchildren** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Other** (long-time friend, companion, etc.) \_\_\_\_\_

## Miscellaneous information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed forms must be in to The Reporter newsroom by  
**3 p.m., one day before publication.**

Phone (707) 448-2200; Fax (707) 447-8411; or e-mail obits to [newsroom@thereporter.com](mailto:newsroom@thereporter.com)

<b>For Office use only</b>		
<b>Length</b> _____	<b>Cost</b> _____	<b>Date(s) requested for Publication</b> _____
<b>Cost of Emblems</b> _____	<b>Cost for a Photo</b> _____	
<b>Cost for additional run</b> (1/2 price) _____	<b>TOTAL</b> _____	
<b>Billing information</b> _____		
_____		

# The Reporter Obituary Correction form

*(Fill out only if the error or omission was caused by the funeral home or the family.)*

**What is the error?** \_\_\_\_\_

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Phone (707) 448-2200; Fax (707) 447-8411; or e-mail obits to [newsroom@thereporter.com](mailto:newsroom@thereporter.com)

## New Billing information

Length \_\_\_\_\_ Cost \_\_\_\_\_ Date(s) requested for Publication \_\_\_\_\_

Cost of Emblems \_\_\_\_\_ Cost for a Photo \_\_\_\_\_

Half Price adjustment \_\_\_\_\_ TOTAL: \_\_\_\_\_

Billing information \_\_\_\_\_

\_\_\_\_\_