

# Obituary Guidance Form

For which publication(s)?

Sequim Gazette: \_\_\_ Peninsula Daily News: \_\_\_ Forks Forum: \_\_\_

Will you be including a photo?

Photo: \_\_\_ No photo: \_\_\_

Please indicate how many:

Emailed to [obits@peninsuladailynews.com](mailto:obits@peninsuladailynews.com): \_\_\_

[obits@sequimgazette.com](mailto:obits@sequimgazette.com): \_\_\_

Brought into office? \_\_\_

Would you like an insignia?

Yes: \_\_\_ No: \_\_\_

If so, please 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 Club, Toastmasters, Air Force, Coast Guard, Marine Corps, Navy, Army, Merchant Marine, special request (if available.)

DECEASED:

\*Miss/Ms./Mrs./Mr.

Full name (first, middle, last): \_\_\_\_\_

Age: \_\_\_ Of (city/state): \_\_\_\_\_

Birth date: \_\_\_\_\_ Date of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Year and reason the deceased came to the Olympic Peninsula: \_\_\_\_\_

\_\_\_\_\_  
Father's full name: \_\_\_\_\_

Mother's full name (including maiden name): \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_  
Military service (branch, rank/rate, duty, dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupations (include locations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marriages (include date and place married. If more than one, please indicate deceased/divorce and dates):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal notes/particular interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATIONS: (please include full name of organization)**

Lodges: \_\_\_\_\_  
Veterans: \_\_\_\_\_  
Church: \_\_\_\_\_  
Grange: \_\_\_\_\_  
Clubs: \_\_\_\_\_  
Union: \_\_\_\_\_  
Professional: \_\_\_\_\_  
Other: \_\_\_\_\_

**SURVIVORS (include full names and the city and state in which they reside; designate stepfamily members.):**

Spouse: \_\_\_\_\_  
Daughters (and sons-in-law): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sons (and daughters-in-law): \_\_\_\_\_

\_\_\_\_\_

Parents/stepparents/and parents-in-law: \_\_\_\_\_

Sisters (and brothers-in-law): \_\_\_\_\_

\_\_\_\_\_

Brothers (and sisters-in-law): \_\_\_\_\_

\_\_\_\_\_

Grandchildren: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

PRECEDED IN DEATH BY (Please indicate relationship):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERVICES: Check which is appropriate: Graveside: \_\_\_ Funeral: \_\_\_  
Inurnment: \_\_\_ celebration of life: \_\_\_ Other: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Visitation: \_\_\_\_\_  
Burial at: \_\_\_\_\_  
Reception/open house/potluck (when and where): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorial contributions (include contact information for organization):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED:  
Funeral home/mortuary/crematory in care of arrangements:  
Name: \_\_\_\_\_  
City/state: \_\_\_\_\_ Phone: \_\_\_\_\_

SUBMITTER INFORMATION:  
Information supplied by: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email (for proofing purposes): \_\_\_\_\_

Contact:  
Margot Conway  
Phone: 360-452-8435 Fax: 360-417-3507  
Email: [obits@peninsuladailynews.com](mailto:obits@peninsuladailynews.com), [obits@sequimgazette.com](mailto:obits@sequimgazette.com)  
Mailing address: Obituaries  
P.O. Box 1330  
Port Angeles, WA 98362