

Obituary Request Form

Rates: Per insertion:

10¢ per character (photo can be included for \$10 plus additional length)

There will also be a \$3 processing fee which will also cover the shipping and handling fees to have one copy sent to a location of your choice.

Obituary Submission Form (Please type or print your answers below)

*REQUIRED INFO: Contact Person (<i>full name</i>):
*REQUIRED INFO: Billing Address (<i>Address, City, State, ZIP</i>):
*REQUIRED INFO: Email (<i>valid email required</i>):
*REQUIRED INFO: Contact Phone Number (<i>we will contact you by phone to confirm request</i>):

**We must have this information or we cannot publish your obituary.*

If you would like us to write the obituary for you, please fill out the form below.

1.	Name of Deceased (<i>Last, First, MI, "Nickname"</i>)(<i>required</i>):
2.	Date of Death (<i>Month Day, Year</i>):
3.	Place of Death (<i>Location, City, State</i>):
4.	Cause of Death (<i>Location, City, State</i>):
5.	Date of Birth (<i>Month Day, Year</i>):
6.	Place of Birth (<i>Location, City, State</i>):
6.	Personal Details (<i>Personal History, Accomplishments, Hobbies, etc.</i>):
7.	Living Relatives (<i>Please provide the names of requested relatives, example: son John, daughter Sue, and grandchild Bob</i>):
8.	Deceased Relatives (<i>Please provide the names of requested relatives, example: son John, daughter Sue, and grandchild Bob</i>):
9.	Clubs and Organizations (<i>Personal History, Accomplishments, Hobbies, etc.</i>):

10.	Service (<i>Funeral, Memorial, No Service, etc.</i>):
11.	Date of Service (<i>Month Day, Year</i>):
12.	Place of Service (<i>Name of Church, Temple, etc.</i>):
13.	Address of Service (<i>Address, City, State</i>):
14.	Send Memorial Gifts to: (<i>Address, City, State, ZIP</i>):
15.	Additional Requests (<i>Please add additional requests not listed on form</i>):

**PLEASE FILL OUT THIS FORM AND SEND THIS VIA FAX TO (415) 673-1063
OR EMAIL: ADS@NICHIBEIWEEKLY.ORG — QUESTIONS CALL (415) 673-1009**