

# The Register-Guard

## OBITUARY FORM

Post Office Box 10188, Eugene, Oregon 97440-2188  
 Telephone (541) 485-1234, News Dept. Fax (541) 683-7631

The Register-Guard publishes obituaries about current or former residents of the newspaper's circulation area as news items without charge. News obituaries must comply with news style and policies.

People who wish to include additional information not specified on this form or not conforming to news requirements may call The Register-Guard's advertising department at (541) 683-7612 to purchase a paid obituary. The deadline for paid obituaries is noon three days prior to publication.

News obituaries must be submitted on this form and approved by the family of the deceased or the executor of the estate. The news deadline is 12:30 p.m. for publication the following day (as space permits). News obituaries require a specific cause of death and must be submitted within 30 days of the time of death. "Natural causes" or

"after a long/short illness" is not specific enough. "Causes related to age" is acceptable if the deceased is 75 or older. If no specific cause of death is included on the form, the obituary will say "the family chose not to list the cause of death."

Photographs will be used as space permits if they are submitted by the 12:30 p.m. deadline. A recent, good-quality photograph is requested; photocopies or laser copies are not acceptable. Include a name on the back of the photo if you would like it returned.

Return the form to The Register-Guard, 3500 Chad Drive, Eugene, 97408. Forms may be faxed to (541) 683-7631. We cannot guarantee a specific publication day. If space is limited, obituaries with pending services are published before those with no services. When filling out this form, please type or print clearly.

Name of deceased, including nickname:		Sex:	Age:	Date of death:
City of residence:		Length of residence in Lane County area:		
Date of birth:	Place of birth:	Parents' names, mother's maiden name in parentheses: <b>Example:</b> John and Mary (Smith) Jones		
Cause of death:		<input type="checkbox"/> Check here if <b>NO SERVICE IS PLANNED</b>		
Type of service (funeral, memorial):		Time:	Date:	Location:
Visitation:		Time:	Date:	Location:
Burial, entombment, inurnment (indicate which):		Time:	Date:	Location:
Other services:		Time:	Date:	Location:
Memorial contributions to (organization, if applicable):				
Funeral home:		Telephone:		Photo provided <input type="checkbox"/> Yes <input type="checkbox"/> No Via e-mail/upload <input type="checkbox"/> Yes <input type="checkbox"/> No
Family contact:			Telephone:	
Please include a mailing address in the space below if you would like to receive up to 10 copies of this obituary.				
Name and address:			No. of copies you would like (1-10):	
<b>IMPORTANT:</b> Please check all facts, names, spellings and dates carefully <i>on this entire form</i> before signing below. <b>We will not reprint obituaries to correct errors caused by incorrect or incomplete information on this form.</b>				
I certify that I am a family member (or executor) and have proofread all the information as stated. I hereby authorize publication.				
Signed:			Date:	

Career/work experience:		
Military service:		
He/She married:	on:	in:
Life/domestic partner (synonymous with spouse):		Length of relationship:
Education:		
<b>SURVIVORS</b>		
Spouse (life/domestic partner):		If not, date of death:
Parents (if living):		Grandparents (if living):
Children ( <b>indicate if son or daughter</b> ):		Residence:
		Residence:
		Residence:
		Residence:
Siblings ( <b>indicate if brother or sister</b> ):		Residence:
		Residence:
No. of grandchildren:	No. of great-grandchildren:	No. of great-great-grandchildren:
Preceded in death by ( <b>limited to spouses/children/grandchildren</b> ):		