

There is a \$100 fee for obituaries up to 200 words; \$150 for 200-400 words and \$200 for obituaries 400-600 words. Obituaries longer than 600 words are subject to higher pricing at the publisher's discretion. Photos are an additional \$25. *(Note: Length is determined by the final published version - not the number of words on this form)*

Pay by phone: 216-454-8300, option 7

Submit by mail or in person: Cleveland Jewish News, Attn: Lifecycles, 23880 Commerce Park, Suite 1, Beachwood, OH 44122

Submit online: [www.cjn.org/site/forms](http://www.cjn.org/site/forms)

**Please print very clearly in black or blue ink**

Name of submitter \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Name of deceased \_\_\_\_\_ Maiden name \_\_\_\_\_

Age \_\_\_\_\_ Date of death \_\_\_\_\_ City of death \_\_\_\_\_

Residence at time of death \_\_\_\_\_ Years lived in Cleveland \_\_\_\_\_

Date of funeral \_\_\_\_\_ Funeral location \_\_\_\_\_

Burial location \_\_\_\_\_

Visitation information (dates, times, location) \_\_\_\_\_

Contributions may be made to (specific organizations, please include addresses) \_\_\_\_\_

### ***Life Information***

Date of birth \_\_\_\_\_ City, state, country of birth \_\_\_\_\_

If immigrant, when arrived in America \_\_\_\_\_; arrived in Cleveland \_\_\_\_\_

High school graduated \_\_\_\_\_

College(s) *(indicate whether degree was earned)* \_\_\_\_\_

Degrees earned \_\_\_\_\_

Military history \_\_\_\_\_

Holocaust survivor, experiences during WW II \_\_\_\_\_

Work history \_\_\_\_\_

Synagogue membership \_\_\_\_\_

Organizations belonged to \_\_\_\_\_

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Offices held \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

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If you wish, include an anecdote to illustrate your loved one's personality.

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### ***Family Information***

Parents (*please indicate if surviving or predeceased*) \_\_\_\_\_

Spouse (*please indicate if surviving or predeceased*) \_\_\_\_\_ Years married \_\_\_\_\_

Children (names/cities) (*please indicate if surviving or predeceased*) \_\_\_\_\_

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Siblings (names/cities) (*please indicate if surviving or predeceased*) \_\_\_\_\_

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Grandchildren \_\_\_\_\_

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

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### ***Photograph***

Including picture? ☐ no ☐ yes Photo credit \_\_\_\_\_

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#### **CONSENT, WAIVER, RELEASE AND AGREEMENT**

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**CJN Deadline: 5 p.m., Tuesday prior to publication date.  
(Deadlines subject to change based on holidays. Contact the office for specific deadlines.)**

**Phone: 216-454-8300, option 7 Email: [lifecycles@cjn.org](mailto:lifecycles@cjn.org);  
Address: 23880 Commerce Park #1, Beachwood OH 44122**