





Name \_\_\_\_\_ Relationship \_\_\_\_\_

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LEGAL Information:

Do you have a **durable power of attorney for health care decisions** (circle one):      YES      NO

If YES, then please include a copy and provide information for your **durable power of attorney for health care decisions**:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a will (circle one):      YES      NO      If Yes, please either include a copy or provide the location of the will:

Attorney's Name \_\_\_\_\_ Phone \_\_\_\_\_

Executor of Estate \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Location of Safety Deposit Box \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

FUNERAL SERVICE INFORMATION:

Choice of Funeral Home \_\_\_\_\_

Location of Service \_\_\_\_\_ Service Type \_\_\_\_\_ Officiant/Clergy Name and Church \_\_\_\_\_

Cemetery \_\_\_\_\_ Location/City \_\_\_\_\_ Section/Lot \_\_\_\_\_ Marker Installed?  
YES      NO

Music Selections \_\_\_\_\_ Vocalist Name/Phone Number \_\_\_\_\_ Organist Name/Phone Number \_\_\_\_\_

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Special Reading(Scripture/Poem . . .) \_\_\_\_\_ Reader's Name/Phone Number \_\_\_\_\_

Special Reading(Scripture/Poem . . .) \_\_\_\_\_ Reader's Name/Phone Number \_\_\_\_\_

Flower Requests \_\_\_\_\_ Clothing Requests \_\_\_\_\_

\_\_\_\_\_ Jewelry to be returned? YES NO  
Jewelry  
If YES, then to whom? \_\_\_\_\_ Glasses to be worn? YES NO

Participating Organizations (Fraternal/Military Rites . . .) \_\_\_\_\_

Pall Bearer's Names	City/State	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honorary Pall Bearer's Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorial Contribution Designation \_\_\_\_\_

Any Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address/City/State/Zip/Phone \_\_\_\_\_

Authorized by: \_\_\_\_\_  
Your Signature Date

This Memorial Planning Guide is furnished at no cost and may be duplicated as needed.

The Kansas State Board of Mortuary Arts  
700 SW Jackson, Suite 904  
Topeka, Kansas 66603-3733  
Phone: (785) 296-3980  
Fax: (785) 296-0891  
Web site address: <http://ksbma.ks.gov>  
Email: [boma1@ks.gov](mailto:boma1@ks.gov)