## **MEMORIAL PLANNING GUIDE**

The following planning guide is for: (First Name, Middle Initial, Last Name) My favorite hobby is: I want to be remembered for: Vital Statistics Information: Birthplace (City, State) Social Security Number Sex (circle one) **Current Address** City, State Zip Code Home Phone Number Daytime Phone Number Cell Phone Number Email Address Marital Status (Circle One): Married Widowed Divorced **Never Married VETERANS INFORMATION: YES** Veteran (Circle One): If applicable, are Military Discharge Papers Enclosed? Please Circle One: YES NO Discharge Date **Branch of Service** Rate or Rank Service Number Enlist Date Death Date Spouse's Name Marriage Date Place of Marriage (location) Spouse's Name Marriage Date Place of Marriage (location) Death Date Lifetime Occupation Industry Employer YES NO Position Held/Job Title Number of Years with Employer Retired (Circle One) YES NO Position Held/Job Title Number of Years with Employer Retired (Circle One) NO Position Held/Job Title Retired (Circle One) Number of Years with Employer Year of Graduation **Education Level Completed** High School Attended City, State

College Attended	City, State	Year of Graduation	Degrees Earned	
College Attended	City, State	Year of Graduation	Degrees Earned	
Father's Name	Mother's Name Mo	other's Maiden Name	Race/Nationality	
Your Physician's Name	Address	City, State, Zip Code	Phone	
Resident of Current City	Since Previous Resident C	ities and Years Previous	Resident Cities and Years	
Lodges, Memberships, C	Church & Public Offices Held:			
Names of Newspapers/C	City/State the funeral home is to բ	provide an obituary to:		
Picture Enclosed (circle o	•			
Surviving Relative	es/Family Information:			
Father	Address	Pr	none	
Mother	Address	P	none	
Children	Address	Pho	ne	
	Address	Pho	one	
	Address	Pho	one	
	Address	Pho	one	
	Address	Pho	one	
	Address	Pho	one	
Brothers & Sisters:			ne	
	Address	Pho	one	
	_Address_	Pho	one	
	Address_		one	
	Address		one	
Grandchildren/Great-Gra	andchildren			
Other				

## PRECEDED IN DEATH BY

Name		Relations	ship		
Name		Relations	ship		
Name		Relations	Relationship		
Name		Relations			
Name	_	Relations			
Name		Relations			
LEGAL Information:					
Do you have a durable power of	attorney for hea	alth care decisions (circ	cle one): YES	NO	
If YES, then please include a cop decisions:	y and provide info	ormation for your <b>durabl</b>	e power of attorney	for health care	
Name	Address			Phone	
Do you have a will (circle one): the will:	YES NO	If Yes, please either	include a copy or pro	vide the location of	
Attorney's Name	Phone				
Executor of Estate	Address				
Phone	Location of S	Safety Deposit Box			
INSURANCE INFORMATION					
	Delias Nombre		S	Dalian Namahan	
Insurance Company	Policy Numbe	r Insurance (	Jompany	Policy Number	
Insurance Company	Policy Numbe	r Insurance (	Company	Policy Number	
FUNERAL SERVICE IN	IFORMATIO	N:			
Choice of Funeral Home					
Location of Service	Service Type	Officiant/Cl	Officiant/Clergy Name and Church		
Cemetery	Location/City	Section/Lot	Mark YES	er Installed? NO	
Music Selections	Vocalist Name	e/Phone Number	Organist Nam	e/Phone Number	
Music Selections	Vocalist Name	e/Phone Number	Organist Nam	e/Phone Number	
Music Selections	Vocalist Name	e/Phone Number	Organist Nam	e/Phone Number	
Special Reading(Scripture/Poem	)	Reader's N	ame/Phone Number		
Special Reading(Scripture/Poem	)	Reader's N	ame/Phone Number		
Flower Requests		Clothing Re	Clothing Requests		

	Jewelry to be returne	d? YES NO		
Jewelry If YES, then to whom?	Gla	sses to be worn?	YES	NC
Participating Organizations (Fraternal/Military Rites .	)			
Pall Bearer's Names	City/State	Phone Number		_
Honorary Pall Bearer's Names				
Memorial Contribution Designation				_
Any Special Instructions				<del>-</del> -
				-
				-
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.

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