

# 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:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number      Date of Birth      Birthplace (City, State)      M    F  
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:

Veteran (Circle One):      YES      NO  
If applicable, are Military Discharge Papers Enclosed? Please Circle One:      YES      NO

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Branch of Service      Rate or Rank      Service Number      Enlist Date      Discharge Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Name      Marriage Date      Place of Marriage (location)      Death Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Name      Marriage Date      Place of Marriage (location)      Death Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Lifetime Occupation      Industry      Employer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Position Held/Job Title      Number of Years with Employer      YES    NO  
Retired (Circle One)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Position Held/Job Title      Number of Years with Employer      YES    NO  
Retired (Circle One)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Position Held/Job Title      Number of Years with Employer      YES    NO  
Retired (Circle One)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Education Level Completed      High School Attended      City, State      Year of Graduation

College Attended \_\_\_\_\_ City, State \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Degrees Earned \_\_\_\_\_

College Attended \_\_\_\_\_ City, State \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Race/Nationality \_\_\_\_\_

Your Physician's Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Resident of Current City Since \_\_\_\_\_ Previous Resident Cities and Years \_\_\_\_\_ Previous Resident Cities and Years \_\_\_\_\_

Lodges, Memberships, Church & Public Offices Held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names of Newspapers/City/State the funeral home is to provide an obituary to:

\_\_\_\_\_  
\_\_\_\_\_

Picture Enclosed (circle one): YES NO

**Surviving Relatives/Family Information:**

Father \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Children \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

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

Brothers & Sisters: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

Grandchildren/Great-Grandchildren \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

## PRECEDED IN DEATH BY

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

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

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

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

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

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

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

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: \_\_\_\_\_ Date \_\_\_\_\_  
Your Signature

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

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