

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:

____ - ____ - ____ / ____ / ____ _____ M F
Social Security Number Date of Birth Birthplace (City, State) 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 _____

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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 _____

Music Selections _____ Vocalist Name/Phone Number _____ Organist Name/Phone Number _____

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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