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Ottawa, Kansas 66067

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dengelmortuary@sbcglobal.net

Personal Arrangement Guide

VITAL STATISTICS RECORD

Name _____ Date _____
Street _____ City _____ State _____ Zip Code _____
Phone _____ Social Security # _____
Birthdate _____ Birthplace _____
Father's Name _____
Mother's Maiden Name _____
Race _____ Nationality _____
Marital Status _____
M D S W To _____ Date _____ Place _____ Death Date _____

To _____ Date _____ Place _____ Death Date _____
Occupation _____ Employer _____
How Long _____ Retired _____

Resident Cities Years _____

Educational Background _____

Military: War _____ Branch of Service _____ Rank _____
Enlistment Date & Place _____ Discharge Date & Place _____
Commendations & Citations _____
Service Number _____

Lodges, Memberships, Church & Public Office Held _____

Hobbies & Activities _____

Newspaper: The funeral home will notify the local newspaper.

Other: _____

Picture Enclosed Yes _____ No _____

IMMEDIATE FAMILY

Name

City & State

Spouse _____

Parents _____

Children _____

Sisters/Brothers _____

Grandchildren _____ Great-grandchildren _____ Great-great-grandchildren _____

Grandparents _____

Other Family _____

Preceded in Death By _____

PERTINENT INFORMATION

Attorney _____

Executor of Estate _____

EMERGENCY CONTACT NUMBERS

Name

Address

Phone

FUNERAL SERVICE PREFERENCES AND INSTRUCTIONS

CEMETERY _____ CITY _____
SECTION _____ LOT _____ SPACE _____ MARKER INSTALLED _____
SPECIAL INSTRUCTIONS _____

PLACE:
CHAPEL _____ CHURCH _____ GRAVESIDE _____
PRAYER SERVICE _____ ROSARY _____
REMARKS _____

CLERGY _____
ORGANIST _____ VOCALIST(S) _____
MUSIC SELECTIONS _____

FAVORITE BIBLE PASSAGES, POETRY, QUOTATIONS & VERSES _____

FLORAL PREFERENCES _____
CLOTHING: New _____ Present _____ Color _____
JEWELRY _____

Decisions of clothing, jewelry to be made by? _____
PARTICIPATING ORGANIZATIONS (Fraternal/Military Rites) _____

PALLBEARERS	Name	Phone

Alternate/Honorary _____

SPECIAL INSTRUCTIONS _____

MEMORIALS _____

AUTHORIZATION

I, _____ have given the preceding information, to be filed in the funeral home of my choice, in order to avoid placing all responsibility on family and loved ones at the time of my death.
Counselor _____ Authorized by _____