

# Personal Arrangement Guide



MORTUARY - CREMATORY

*Our family serving your family*

[www.dengelmortuary.com](http://www.dengelmortuary.com)

***Ottawa Chapel***

235 S. Hickory Street  
Ottawa, KS 66067  
(785) 242-2323

***Paola Chapel***

305 N. Pearl Street  
Paola, KS 66071  
(913) 294-2372

***Louisburg Chapel***

120 S. Broadway Street  
Louisburg, KS 66053  
(913) 837-4310

***Osawatomie Chapel***

605 O'Neal Avenue  
Osawatomie, KS 66064  
(913) 755-6500

# 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 \_\_\_\_\_