

*Webb -
Shinkle*
MORTUARY



200 South Tracy Avenue— P.O. Box 325 Clearwater, Kansas 67026-0325
Phone: (620) 584-2244 (800) 522-8939 Fax: (620) 584-2143
E-Mail: webbmortuary@sktc.net

Full Name _____

Contact Person: _____

Address: _____

Phone #: _____

Relationship to deceased: _____

Usual Residence of applicant _____

Street City State Zip

How long at this address? _____ Inside city limits? ___ Yes ___ No

Social Security Number _____ **Birth date** _____

Birthplace (City, State, & County) _____

Date of Marriage _____ Place of Marriage _____

Origin of ancestors (English, German, etc.) _____

Sex _____ Race _____ Citizen of what country _____

Usual Occupation: What you did the most working years of your life: SPECIFIC JOB TITLE

Kind of business or industry of above occupation _____

Were you SELF-EMPLOYED in the above occupation? ___ Yes ___ No

Education Level Attained: Elementary/Secondary 0-12 _____ College 1-4 or 5+ _____

Father's Full Name _____

Address if living (or date of death, if available) _____

Mother's Full Maiden Name _____

Address if living (or date of death, if available) _____

Check One: ___ Married ___ Never Married ___ Widowed ___ Divorced

Spouse's Full Name (Maiden if female) _____

Spouse's Social Security # _____ Birth date _____

Address if living (or date of death, if available) _____

Disposition

Will you be cremated? Yes No Will you be buried? Yes No

Name and address of Cemetery/Crematory (City, State, & County) _____

Burial Lot Location: Grave No. _____ Lot No. _____ Section _____ Add. _____

Burial Lot (s) in whose name (s) _____

Is the Burial Space in which you are to be buried marked with a stone or monument? _____

Service Information:

Location for funeral services _____

Day and Date of Service: _____ Time of Service: _____

Visitation: Day and date (s): _____ Time of Visitation: _____

Time for last viewing: _____ # Of Family _____

Minister: _____

Church Address and Phone # _____

Minister: _____

Church Address and Phone # _____

Rosary: Day and Date _____ Time of Rosary _____

Place of Rosary _____

Conducted by: _____ Altar Servers: _____

Military Services _____ Fraternal Services _____

Veteran's Burial:

Were you ever in the Armed Forces? Yes No If during war, which war? _____

Flag presented to: _____ On Casket Folded Draped

Location of Honorable Discharge Papers _____

Date Enlisted: _____ Place: _____ Serial No.: _____

Date Discharged: _____ Place: _____ C-Number: _____

Organization: _____ Rank: _____ Branch of Service _____

Other requests or special instructions _____

Grandparents: _____

Please list family members **in the order of their birth**, from **first to last**, as outlined below:

FULL NAMES OF CHILDREN:

MAILING ADDRESS (or DECEASED)

(Including stillborn)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

FULL NAME OF BROTHERS AND SISTERS:

CITY & STATE (or DECEASED)

(Including yourself and any stillborn, in birth order, please)

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

NUMBER OF GRANDCHILDREN: _____ NUMBER OF GREAT-GRANDCHILDREN: _____

NUMBER OF GREAT-GREAT GRANDCHILDREN: _____ (Currently living)

Preceded in death by: _____

Honorary Casket Bearers _____

____ Sit as a group _____

____ Sit with their Families _____

Casket Bearers _____

____ Sit as a group _____

____ Sit with their Families _____

Music: Organist/Pianist _____
 Soloist/Singers _____
 Songs _____

Memorial Preference (s)-For charitable donations to be made in your memory in lieu of flowers

Number of Certified Death Certificates: _____

Honorariums: \$ _____ Minister \$ _____ Minister \$ _____ Organist \$ _____ Soloist(s) \$ _____ Other \$ _____

Jewelry to be removed: _____

Hair Style (Picture) _____

Clothing (undergarments, suit, dress, everything except shoes) _____

Newspapers (Wichita Eagle, Clearwater Times-Sentinel, etc.): _____

Complimentary copies of Wichita Eagle Newspaper: How many copies? _____

- | | |
|-------------------------|--|
| Register Book | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Thank you Cards | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prayer Cards | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crucifix | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Temporary Marker | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Final Dates (headstone) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Escort | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please provide the following information for an obituary:

Give a chronological summary of your life from birth, including:

A. Places you and your parents lived, where and when you moved and went to school, any graduations, etc. (You may use general dates, if necessary, such as “early 1900’s or “as a teenager”)

B. Date and place of marriage, if married, and where you and your spouse lived, including dates and places you moved: _____

If divorced, or if widowed, and re-married, give same information requested above about second or more marriages (s). _____

C. Chronological Work History--- when and where you worked, what you did, if there was a specific retirement date, or a general retirement date: _____

D. Church Membership, if any: Name and location of church _____

E. Other organizations you are a member of currently _____

F. Former memberships, if long-time member, be sure to include any items of interest, such as “Lifetime Member”, “past treasurer of XYZ Club”, “50 year member”, “Charter Member”, etc. of current or former memberships: _____

G. Special Hobbies and interests (such as flower gardening, bowling, stamp collecting, woodworking, etc.) _____
