



# 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

**Funeral arrangements for:**

(Use full name) \_\_\_\_\_

Usual Residence of applicant \_\_\_\_\_

How long at this address? \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Inside city limits?  Yes  No

**Social Security Number** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Birthplace** (City, State, & County) \_\_\_\_\_

Origin of ancestors (English, German, etc.) \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Citizen of what country \_\_\_\_\_

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) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

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: 8<sup>th</sup> grade or less  9<sup>th</sup>-12<sup>th</sup> grade but no diploma \_\_\_\_\_

High School Graduate or GED completed \_\_\_\_\_ Some College Credit but no degree \_\_\_\_\_ Unknown \_\_\_\_\_

Associate Degree  Bachelor's degree  Master's Degree  Doctorate or Professional Degree \_\_\_\_\_

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) \_\_\_\_\_

Contact Person #1: \_\_\_\_\_ Contact Person #2: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
to applicant to applicant

**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 \_\_\_\_\_

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

**\*\*Copy of Honorable Discharge Papers (DD-214) will be needed for Veteran's Honors\*\***

Date Enlisted: \_\_\_\_\_ Place: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Date Discharged: \_\_\_\_\_ Place: \_\_\_\_\_ C-Number: \_\_\_\_\_

Organization: \_\_\_\_\_ Rank: \_\_\_\_\_ Branch of Service \_\_\_\_\_

Other requests or special instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 / CD's \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.): \_\_\_\_\_

Register Book	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prayer Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Memorial Folders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crucifix	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thank you Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final Dates (headstone)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Marker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Escort	<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Tribute	<input type="checkbox"/> Yes <input type="checkbox"/> No	* DVD Memorial Tribute Video	\$100 (up to 70 photos)

**Overtime Charges for weekends and holidays**

Some Cemeteries and Vault Companies charge for overtime prices on weekends and holidays. These prices will vary between each Cemetery and Vault Company. The Mortuary does not have weekend overtime charges.

**Cash Advance Items:**

Cash Advance Items are items that can be taken care of by the Mortuary for the family.

These items include:

**Typical Charges**

(These charges are as of January 2011 and are subject to change)

Number of Death Certificates	\$15 each certificate ordered (as of January 2010)
Minister/ Priests	\$125-\$200
Altar Servers	\$10 each
Musicians	\$100 each
Newspapers	\$75-\$600+ (\$50 charge to add photo) <b>Average charges</b>
Cemeteries	Opening/Closing prices vary at each Cemetery
Hairdresser	\$25
Sound Tech	\$50-\$100

**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”)

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

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

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

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

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E. Other organizations you are a member of currently

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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:

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

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