

WEBB SHINKLE MORTUARY

200 S Tracy
Clearwater, KS 67026
wsmortuary@sktc.net
620.584.2244



SHINKLE MORTUARY

146 N Lamar Ave
Haysville, KS 67060
www.shinklemortuary.com
316.522.6228

Local Family Owned

Funeral Arrangements For: _____
(Full Legal Name)

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): _____

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 Number _____ 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 _____

Education Level Attained: 8th Grade or less _____ 9th-12th Grade but no diploma _____
High School Grad or GED completed _____ Some College Credit but no Degree _____
Associate Degree _____ Bachelors Degree _____ Unknown _____
Masters 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#: _____

E-mail: _____

E-mail: _____

Relationship to Applicant _____

Relationship 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 a 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 Order of Birth:**

FULL NAMES OF CHILDREN:

(Including stillborn)

MAILING ADDRESS (or DECEASED)

1. _____
_____ Spouse _____

Email: _____ Ph: _____

2. _____
_____ Spouse _____

Email: _____ Ph: _____

3. _____
_____ Spouse _____

Email: _____ Ph: _____

4. _____
_____ Spouse _____

Email: _____ Ph: _____

5. _____
_____ Spouse _____

Email: _____ Ph: _____

6. _____
_____ Spouse _____

Email: _____ Ph: _____

7. _____
_____ Spouse _____

Email: _____ Ph: _____

8. _____
_____ Spouse _____

Email: _____ Ph: _____

9. _____
_____ Spouse _____

Email: _____ Ph: _____

10. _____
_____ Spouse _____

Email: _____ Ph: _____

FULL NAMES OF BROTHERS AND SISTERS:

Spouse

CITY & STATE (or DECEASED)

(Including yourself and any stillborn, in birth order)

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

NUMBER OF: (Currently living)

GRANDCHILDREN: _____ GREAT-GRANDCHILDREN: _____ GREAT-GREAT GRANDCHILDREN: _____

Preceded in death by: _____

Honorary Casket Bearers: _____

____ Sit as a Group _____

____ Sit with Families _____

Casket Bearers: _____

____ Sit as a Group _____

____ Sit with Families _____

Music: Organist/Pianist _____

Soloist/Singers _____

Songs / CD's _____

Memorial (s) Preference: 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: ___ Yes ___ No

Prayer Cards: ___ Yes ___ No

Memorial Folders: ___ Yes ___ No

Crucifix: ___ Yes ___ No

Thank you Cards: ___ Yes ___ No

Final Dates (headstone): ___ Yes ___ No

Temporary Marker: ___ Yes ___ No

Escort: ___ Yes ___ No

Video Tribute: ___ Yes ___ 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 also has weekend/Holiday 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 2018 and are subject to change)

Number of Death Certificates_____	\$15 each certificate ordered (as of January 2010)
Cemeteries_____	Opening/Closing prices vary at each Cemetery
Newspapers_____	\$75-\$600 + (charges to add photo vary) Average charges
Altar Servers_____	\$10 each
Hairdresser_____	\$30
Minister/ Priests_____	\$150 and up
Musicians_____	\$100 each
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”):

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:

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.):
