CONFIDENTIAL **Priest** _____

FUNERAL AND BURIAL ARRANGEMENTS

Please complete (print or type) this form, seal, and send to:
Office of the Chancellor, Diocese of Salina, PO Box 980, Salina, KS 67402-0980

Return of this form for change can be requested at any time. One copy should be at the Chancery in an envelope separate from the *Last Will and Testament*. One copy should be given to your Executor. A third copy might be given to a close family member.

STATISTICAL

1._____ _____ _____
(Last Name) (First) (Middle)

2. Date of Birth: _____ Place of Birth: _____

3. Social Security No. _____Year of Ordination: _____

4. Military Service No. _____ Years of Service: _____ From: _____ To: _____
Place of entrance and discharge: _____
Rank and branch of service: _____

LEGAL

5. Attorney – Name/Address: _____

6. Current valid Will on file in Chancery Office: ☐ YES ☐ NO
Priests of the diocese are urged to deposit a sealed copy of their Last Will in the Chancery. If they choose not to do this, they are required to give information concerning the location of their Last Will and the date the Last Will was made and signed in the presence of two witnesses as required by the Statutes of the State of Kansas.

7. Executor of Will: _____
Phone Number: _____
Email Address: _____
Safe Deposit Box(es) Location: _____

FUNERAL LITURGY

8. Church of Funeral Liturgy: _____

10. Scripture Readings: _____
_____

Homilist: 1st choice: _____2nd Choice_____

Special Music: _____
_____

BURIAL

11. Funeral Home – Name/City: _____ Phone _____
Pre-arranged: ☐ YES ☐ NO

12. Cemetery/Mausoleum – Name: _____
Address: _____
Purchased grave site or crypt: ☐ YES ☐ NO
If yes, location: _____
Pall Bearers requested:_____
_____

OTHER

13. Obituary: ☐ Family/Diocese/Funeral Home will Write ☐ Attached
Memorial to (Name & Address of Organization):_____
_____

Obituary Sent to which Newspapers:_____
_____
Other Comments/Desires: _____
_____

14. Key persons to be notified (regarding your funeral/burial):

Name/Relationship: _____

Phone/Address: _____

Name/Relationship: _____

Phone/Address: _____

Name/Relationship: _____

Phone/Address: _____

15. Surviving Parents, Siblings (for funeral/burial arrangements):

Name/Relationship: _____

Phone/Address: _____

Name/Relationship: _____

Phone/Address: _____

Name/Relationship: _____

Phone/Address: _____

Name/Relationship: _____

Phone/Address: _____

Additional information and instructions regarding funeral liturgy and burial can be included on a separate sheet.

Signature: _____ Date: _____

Clear Form