



LOCATIONS

- ☐ **COZINE LIFE EVENTS CENTER**
11500 E. 21st St. N. | Wichita, KS 67206
- ☐ **BROADWAY MORTUARY**
1147 S. Broadway | Wichita, KS 67211

EMAIL: info@cozine.com
WEB: www.cozine.com
PHONE: 316.COZINES
(316.269.4637)

Biographical Information

**Designates Information that is required for a Kansas Death Certificate*

Today's Date ____/____/____

*Legal Name _____ *Social Security # _____
First, Middle, Last

*Residence Street Address _____ *Inside City Limits? ☐ Yes ☐ No

*City _____ *County _____ *State _____ *ZIP _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Email _____

*Date of Birth ____/____/____ *Place of Birth _____ *Sex: ☐ Male ☐ Female

*Parent's Names _____
Father's Full Name Mother's Full Name Prior to First Marriage

*Race/Ancestry _____ *Education _____
Highest Grade or Degree Completed

*Marital Status: ☐ Married ☐ Married, but Separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown

*Spouse's Full Name _____ Date of Marriage ____/____/____
(If wife, Give Maiden Name)

*Occupation _____ *Type of Business/Industry _____
Employer _____ Position Held _____

Military/Veteran Information *(if applicable)*

Branch of Service:

☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Other _____

Veteran's Service: ☐ WW II ☐ Korea ☐ Vietnam ☐ Gulf ☐ Iraq ☐ Other _____

Serial # _____ VA File # _____ Rank at Discharge _____

Date of Enlistment ____/____/____ Date of Discharge ____/____/____

Copy of Discharge Papers: ☐ Yes ☐ No

Immediate Family

Name	Relationship	City & State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren _____ # Great-Grandchildren _____ # Great-Great-Grandchildren _____



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Service Preferences

Name (as it should appear in the newspaper) _____

Disposition Preference: ☐ Burial ☐ Cremation ☐ Other _____

Place of Service: ☐ Mortuary Chapel ☐ Graveside ☐ Church/Venue _____

Cemetery _____ City, State _____ Property Owned: ☐ Yes ☐ No

Property Type: ☐ Ground Burial ☐ Mausoleum ☐ Lawn Crypt ☐ Urn/Niche ☐ Other _____

Description (Section, Block, Lot) _____ Marker Installed: ☐ Yes ☐ No

Casket: ☐ Bronze/Copper ☐ Stainless ☐ Steel ☐ Hardwood ☐ Other (Description) _____

Outer Burial Container: ☐ Protective Vault ☐ Grave Liner (Description) _____

Clergy/Officiant _____ Church/Organization _____

Music: ☐ Vocalist(s) ☐ Organist/Pianist/Musician(s) ☐ Other _____

Music Selections _____

_____ I will supply Music: ☐ Yes ☐ No

Eulogist(s)/Speaker(s) _____

Favorite Bible Passages, Poems or Literature _____

Favorite Flowers (Type, Color) _____

Memorials or Contributions to Charity _____

Jewelry: ☐ Yes ☐ No Glasses: ☐ Yes ☐ No Clothing _____

Special Instructions _____

Participating Organizations (Civic, Fraternal or Military) _____

Newspaper(s) to notify _____

Suggested Casket Bearers

1. _____ 5. _____

2. _____ 6. _____

3. _____

4. _____

Other Instructions _____

The preceding information represents my personal wishes and desires, and is meant to assist my family in making funeral and memorialization plans in the event of my death. To finalize these arrangements at the time of my death, I have designated:

Name _____ Relationship _____

Address _____ City, State _____ ZIP _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

Email _____

Signature _____ Date _____