

# Rea Funeral Chapel Memorial Guide

(660) 826-4732

## Vital Statistics

Full Name: \_\_\_\_\_

                    First                    Middle                    Last

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Social Security Number: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_

Industry: \_\_\_\_\_

Highest Education: \_\_\_\_\_

Race: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

Place: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

## Emergency Contact:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## Military Record:

Branch: \_\_\_\_\_ DD214 available: \_\_\_ Yes \_\_\_ No

Honors: \_\_\_ Yes \_\_\_ No VFW: \_\_\_ Yes \_\_\_ No

Patriot Guard: \_\_\_ Yes \_\_\_ No

Flag: \_\_\_ Folded \_\_\_ Draped \_\_\_ Other \_\_\_\_\_

Presented to: \_\_\_\_\_

## Insurance/ Preneed Contract

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

## Arrangements

\_\_\_ Traditional Burial      \_\_\_ Memorial Cremation

\_\_\_ Traditional/Cremation    \_\_\_ Simple Cremation

\_\_\_ Memorial Cremation/Committal

\_\_\_ Undecided

Service Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Officiant: \_\_\_\_\_

Phone: \_\_\_\_\_

Organizations Participating: \_\_\_\_\_

Memorials: \_\_\_\_\_

Newspaper: \_\_\_\_\_

Cemetery: \_\_\_\_\_

Opening/Closing Paid: \_\_\_ Yes \_\_\_ No

Grave Marked: \_\_\_ Yes \_\_\_ No

Casket/Urn: \_\_\_\_\_

Vault: \_\_\_\_\_

Flowers: \_\_\_\_\_

Clothing: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Return to: \_\_\_\_\_

Music:

Vocalist/Musician: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Pallbearers:

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_

Phone: \_\_\_\_\_

4. \_\_\_\_\_

Phone: \_\_\_\_\_

5. \_\_\_\_\_

Phone: \_\_\_\_\_

6. \_\_\_\_\_

Phone: \_\_\_\_\_

Honorary Pallbearers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Obituary Information

Areas of Interest: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Preceded in Death:** First Name, Last Name  
Parents:  
\_\_\_\_\_  
\_\_\_\_\_  
Sons:  
\_\_\_\_\_  
\_\_\_\_\_  
Daughters:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Brothers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Sisters:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Grandchildren:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Additional Family/Friends:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Notes:**

### Survivors: First Name, Last Name (Spouse), City, State

Parents:  
\_\_\_\_\_  
\_\_\_\_\_  
Sons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Daughters:  
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Brothers:  
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Sisters:  
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Grandchildren:  
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\_\_\_\_\_  
Additional Family/Friends:  
\_\_\_\_\_  
\_\_\_\_\_