



Cozine Memorial Group

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FUNERAL SERVICE INSTRUCTIONS

Name (as it should appear in the newspaper)

Disposition Preference: [] Burial [] Cremation [] Mausoleum [] Other

Place of Service: [] Mortuary Chapel [] Church [] Graveside

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 [] Cloth (Description)

Outer Burial Container: [] Protective Vault [] Grave Liner (Description)

Clergy/Officiant Church/Organization

Music: [] Organist [] Vocalist [] CD [] Other

Music Selections

I will supply CDs: [] Yes [] No

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. 2. 3. 4. 5. 6.

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.

I have designated: Name Relationship

Address City, State ZIP Code

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

Email to finalize these arrangements at the time of my death.

Signature Date