

Director

Contract

A. BIRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST)		1a. LAST NAME AT BIRTH (IF FEMALE)		2. SEX	2a. DATE OF DEATH (Mo, Day, Yr)		
3. SOCIAL SECURITY NUMBER	4a. AGE (YEARS)	4b. UNDER 1 YEAR MONTHS DAYS		4c. UNDER 1 DAY HOURS MINUTES		5. DATE OF BIRTH (Mo, Day, Yr)	
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7a. STREET AND NUMBER OF RESIDENCE		7b. ZIP CODE	7c. CITY OR TOWN OF RESIDENCE		
7d. COUNTY OF RESIDENCE		7e. STATE OF RESIDENCE		7f. COUNTRY		7g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
8a. OCCUPATION		8b. NATURE OF BUSINESS		8c. EMPLOYER			
9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		10. SPOUSE'S NAME If Wife, Give name prior to first marriage.		11. FATHER'S NAME (First, Middle, Last)			
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		13. DECEDENT'S EDUCATION (Highest Level) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9-12th grade, no diploma <input type="checkbox"/> High school diploma, GED compl... <input type="checkbox"/> Some college ... but no degree <input type="checkbox"/> Associate degree (e.g. AK, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd, MEd, MBW) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or professional degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				14a. INFORMANT'S NAME (First, Middle, Last)	
14b. RELATIONSHIP TO DECEDENT		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)					
15. HISPANIC ORIGIN <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown		16. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
17a. IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
18. FACILITY NAME		19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)		20. COUNTY OF DEATH			
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS)		23. DATE OF DISPOSITION (Mo, Day, Yr.)			
24a. EMBALMER'S NAME & CERTIFIED INITIALS		24b. LICENSE NUMBER					
25. FUNERAL HOME NAME		25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)					
26. FUNERAL DIRECTOR'S NAME (PRINT)		26a. SIGNATURE OF FUNERAL DIRECTOR			26b. LICENSE NUMBER		
27. DATE PRONOUNCED DEAD		28. TIME PRONOUNCED DEATH		29a. PRONOUNCER'S NAME AND TITLE (PRINT)			
29b. PRONOUNCER'S LICENSE NUMBER		30. ACTUAL OR PRESUMED TIME OF DEATH					

ATTENDING PHYSICIAN _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____

We will make every effort to secure you certified copies of the death certificate as soon as possible. It will be a minimum of ten to fourteen working days before you receive your copies.

Signature of family representative: _____

Autopsy: Yes ☐ No ☐ Number of certified copies needed: _____
 Disposition of certified copies: Call ☐ Mail ☐
 Hold # _____ Family Phone _____
 Informant S S # _____

NOTES:

DAY OF SERVICE: S M T W T F S
 TIME OF SERVICE: _____
 SERVICE DATE: _____
 PLACE OF SERVICE: _____
 VISITATION TIME: _____

CEMETERY: _____
 SEC: _____ LOT: _____
 HAIRDRESSER: _____
 ORGANIST: _____
 OBIT: _____ FLWR VAN: _____

LEAD CAR: _____
 ESCORT: _____
 D.C. ORDERED _____
 PALLBEARERS: _____
 CLERGY: _____
 LIMO: _____

AUTHORIZATION TO EMBALM AND PREPARE

Permission to Embalm Yes ☐ No ☐

Person giving permission _____

I / We hereby authorize _____

including it's agents and employees to embalm, care for and prepare for disposition of the body of _____ ("Funeral Home"),

_____ in accordance with its customary practices. I / We acknowledge and agree that this authorization permits the funeral home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any person rendering such services is allowed to perform such work under applicable law. I / We further acknowledge and agree that the embalming, care and preparation for disposition authorized hereby may be performed at the funeral home's facility or at another facility equipped to provide such services. I / We agree to indemnify and hold harmless the funeral home, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of this authorization to embalm and prepare or any action taken in accordance herewith.

Date: _____

Signature and Relationship to Deceased: _____

Witness: _____

ASSUMPTION OF RISK AND HOLD HARMLESS

The undersigned acknowledges that he / she understands and assumes the risk of leaving jewelry or other valuable personal effects upon the body of _____ and does hereby release _____ from any responsibility therefore. In addition, the undersigned agrees to protect, save and hold harmless _____ for any claims, suits or judgments, including a reasonable attorney's fee for the defense thereof, arising out of claims for any loss, theft, damage or disappearance of any jewelry or any valuable personal effects left upon the body of the above described person.

Date: _____

Signature and relationship: _____

Witness: _____

CLOTHING REPORT

The following clothing and / or personal effects (if any) were received from _____

☐ No clothing and / or personal effects were with the deceased upon arrival at the funeral home.

Date: _____

Signature and relationship: _____

Witness: _____

I / We hereby authorize _____ to dispose of or destroy the clothing and / or the personal effects taken from the deceased.

Date: _____

Signature and relationship: _____

Witness: _____