

**PROVIDENCE**  
**FUNERAL & CREMATION SERVICE**  
519 BROAD ST W. WILSON, NC 27893 PHONE: (252) 674-1553

Name of Deceased \_\_\_\_\_ Age \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
Type of Service:  Burial  Cremation  Ship-Out  Ship-In  Other \_\_\_\_\_

**SERVICE:** Time \_\_\_\_\_ Day \_\_\_\_\_ Place \_\_\_\_\_  
Minister \_\_\_\_\_  
Assisting Minister \_\_\_\_\_  
Organist \_\_\_\_\_ Add'l Musicians \_\_\_\_\_  
Musical Selections 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Limo \_\_\_\_\_ No. \_\_\_\_\_ Meet family at \_\_\_\_\_ Time \_\_\_\_\_  
Cemetery \_\_\_\_\_ Location \_\_\_\_\_  
Section \_\_\_\_\_ Property in the name of \_\_\_\_\_

**VISITATION:** Time \_\_\_\_\_ Day \_\_\_\_\_ Place \_\_\_\_\_

**FLOWERS** \_\_\_\_\_

**FLAG** - Yes/No  Folded/Draped

**BIOGRAPHICAL**

(Native/Education/Veteran/Occupation/Church/Organizations/Hobbies/Personal Comments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMORIALS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Wilson Times \_\_\_\_\_ Photo - Yes/No  Other Papers \_\_\_\_\_

Funeral Director \_\_\_\_\_ Appointment with family \_\_\_\_\_



**General Information**

Anticipated Viewing Time \_\_\_\_\_ Day \_\_\_\_\_  
Personal Effects: Return \_\_\_\_\_ Destroy \_\_\_\_\_  
Jewelry: Leave on \_\_\_\_\_ Take off \_\_\_\_\_  
Hair Arrangements \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pallbearers**

To Be Notified By \_\_\_\_\_

Name	Telephone
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

**Honorary Pallbearers**

To Be Notified By \_\_\_\_\_

Name	Telephone
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Ship-Out/Ship-In Information**

Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Contact's Name \_\_\_\_\_ Bill: Family \_\_\_\_\_ Funeral Home \_\_\_\_\_  
Carrier \_\_\_\_\_ Date \_\_\_\_\_ Flight Number \_\_\_\_\_ Departure \_\_\_\_\_ Arrival \_\_\_\_\_

**Service and Merchandise Worksheet**

Casket (Model) \_\_\_\_\_  
Vault (Model) \_\_\_\_\_

# DEATH CERTIFICATE INFORMATION

## DECEDENT'S LEGAL NAME

## Copies Needed

1a. FIRST		1b. MIDDLE		1c. LAST		1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE
2. SEX	3a. AGE-LAST BIRTHDAY (Yrs)	3b. UNDER 1 YEAR Months    Days	3c. UNDER 1 DAY Hours    Minutes	4. DATE OF BIRTH (Month/Day/Year)		5. BIRTHPLACE (County/State or Foreign Country)	
6. DATE OF DEATH (Month/Day/Year)							
<b>PLACE OF DEATH (Check only one)</b>							
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A 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 (Specify)			
7c. FACILITY NAME (if not institution, give street and number)				7d. CITY OR TOWN		7e. COUNTY OF DEATH	
8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (Give name prior to first marriage)		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)		10b. KIND OF BUSINESS/INDUSTRY
11. SOCIAL SECURITY NUMBER		12a. RESIDENCE—STATE OR FOREIGN COUNTRY		12b. COUNTY		12c. CITY OR TOWN	
12d. STREET AND NUMBER				12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th–12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)			16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)	
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)				18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)			
19a. INFORMANT'S NAME			19b. RELATIONSHIP TO DECEDENT		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			20c. LOCATION (City or Town and State)	
21a. SIGNATURE OF FUNERAL DIRECTOR			21b. LICENSE NUMBER		21c. NAME OF EMBALMER		21d. LICENSE NUMBER
PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.				24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. TIME OF DEATH (Approximate)		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner				29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
SIGNATURE AND TITLE OF CERTIFIER				33b. LICENSE NUMBER		33c. DATE SIGNED (Month/Day/Year)	
NAME AND ADDRESS OF CERTIFIER (Print legibly)						36. DATE REGISTERED BY STATE	

### Calls to Make

- \_\_\_\_\_ Clergy
- \_\_\_\_\_ Church
- \_\_\_\_\_ Organist
- \_\_\_\_\_ Vocalist
- \_\_\_\_\_ Hairdresser
- \_\_\_\_\_ Casket (910) 619-0263
- \_\_\_\_\_ Vault (252) 443-0588
- \_\_\_\_\_ Cemetery
- \_\_\_\_\_ Tent
- \_\_\_\_\_ Flowers (252) 236-8727
- \_\_\_\_\_ Bouts

### FD Checklist

- \_\_\_\_\_ Online Obit
- \_\_\_\_\_ Police Escort
- \_\_\_\_\_ # Acknowledgement Cards
- \_\_\_\_\_ Register Book
- \_\_\_\_\_ # Prayer Cards
- \_\_\_\_\_ # Memory Folders
- \_\_\_\_\_ # Bookmarks

### V.A.

- \_\_\_\_\_ Discharge Papers Received
  - \_\_\_\_\_ Flag Application
  - \_\_\_\_\_ Marker Application
- ### Office Checklist
- \_\_\_\_\_ Notification of Death
  - \_\_\_\_\_ SSA Completed
  - \_\_\_\_\_ Death Certificate Completed
  - \_\_\_\_\_ Insurance Completed
  - \_\_\_\_\_ Grave Marker
  - \_\_\_\_\_ Burial Transit Permit
  - \_\_\_\_\_ Statement Mailed