

NOTIFICATION OF DEATH

Date _____

File Number _____

Name of Deceased _____

Date and Time of Death _____

Place of Death _____

Address of Place of Death _____

Place of Death Telephone Number _____

MEDICAL INFORMATION

Attending Physician's Name and Telephone Number _____

Attending RN's Name and Telephone Number _____

Coroner's Name and Telephone Number _____

WHO WILL COMPLETE THE FINAL ARRANGEMENTS?

Name of Executor _____

Family Relationship to deceased (If applicable) _____

Home Address _____

Postal Code _____ Email _____

Home Telephone _____ Cell _____ Work _____

Alternate Contact _____

Relationship to Deceased _____ Email _____

Home Telephone _____ Cell _____ Work _____

Date _____	File Number _____
Name of Deceased _____ CREMATED	

REMAINS ADMINISTRATION

- Are the cremated remains required within 1-3 working days? Yes No
- Are the cremated remains to be returned to Executor? Yes No
- Are the remains to be delivered to another person? Yes No

IF YES:

Other person(s) authorized to receive the Cremated Remains

Name _____

Home Address _____

Postal Code _____ Email _____

Home Telephone _____ Cell _____ Work _____

- Are the cremated remains to be scattered by the funeral home? Yes No

IF YES: Land Scattering Sea Scattering

- Are the cremated remains to be couriered to another location? Yes No

- Do you require cremated remains to be separated into portions? Yes No

Special Instructions regarding Cremated Remains:

Date _____ File Number _____
Name of Deceased _____

PAYMENT

Name of purchaser/cardholder _____

Type of Card: Visa MasterCard

Card Number _____ Exp Date _____

Address for receipt _____

Or email address for receipt _____

Signature of Cardholder _____

Final Amount of Contract to be charged * _____

* This amount will be on the Service Contract Form once you have filled it out entirely. Please copy the amount to this form prior to sending.