

**Initial Notification**

Case ID# \_\_\_\_\_

**Funeral Home Name** \_\_\_\_\_ **Loc.** \_\_\_\_\_  
Call received by \_\_\_\_\_ **Time** \_\_\_\_\_ ☐ AM ☐ PM  
**Arrangement Date** \_\_\_\_\_ **Time** \_\_\_\_\_ ☐ AM ☐ PM **Arranger** \_\_\_\_\_

**Name of Decedent** ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. \_\_\_\_\_  
(Last) (First) (MI)  
**Street Address** \_\_\_\_\_ **SS #** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Date of Death** \_\_\_\_\_ **Time** \_\_\_\_\_ ☐ AM ☐ PM **County** \_\_\_\_\_  
**Place of Death** \_\_\_\_\_ **Floor** \_\_\_\_\_ **Room** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ ☐ Residence\* ☐ Inpatient  
**City, State, Zip** \_\_\_\_\_ ☐ ER ☐ Nursing Home  
**Has Decedent been released?** ☐ Yes ☐ No **\*If at residence, have local a thorities been contacted?** ☐ Yes ☐ No  
**Is Decedent presently at this location?** ☐ Yes ☐ No **If no, where** \_\_\_\_\_  
**Is the family present?** ☐ Yes ☐ No **Are any stairs involved for the removal?** ☐ Yes ☐ No **Approx. Weight** \_\_\_\_\_  
**Was Decedent under Hospice Care?** ☐ Yes ☐ No **Hospice Agency** \_\_\_\_\_

**Name of person calling** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **Phone (H)** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Phone (C)** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **Phone (H)** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Phone (C)** \_\_\_\_\_  
**E-mail address** \_\_\_\_\_ **E-mail sent?** ☐ Yes ☐ No  
**Is this the person to contact for making arrangements?** ☐ Yes ☐ No **If no, then who?** \_\_\_\_\_

**Personal Planning Guide?** ☐ Yes ☐ No **VFW or Affinity Member?** ☐ Yes ☐ No **Pre-arrangement** ☐ Yes ☐ No  
**Does the Decedent have cemetery property?** ☐ Yes ☐ No **If yes, where?** \_\_\_\_\_

**Name of person authorizing removal of Decedent** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ ☐ AM ☐ PM  
**Funeral Home Representative obtaining permission** \_\_\_\_\_

**Oral\* permission to embalm** (Obtained from the next of kin) ☐ Yes ☐ No **Authorized by** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_ ☐ AM ☐ PM  
**Funeral Home Representative obtaining permission** \_\_\_\_\_

*\*The standard embalming authorization form must be completed as soon as practical and faxed to the Personal Care Center*

**Name of Physician/ME/Coroner** \_\_\_\_\_ / \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **Autopsy?** ☐ Yes ☐ No ☐ Pending  
**City, State, Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Removal Co** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Time contacted** \_\_\_\_\_ ☐ AM ☐ PM  
**Initial Notification sent?** ☐ Yes ☐ No **Time** \_\_\_\_\_ ☐ AM ☐ PM **Fax** \_\_\_\_\_

**If Jewish:**

**Tahara?** ☐ Yes ☐ No **Hebrew Name?** ☐ Yes ☐ No  
**Shomer?** ☐ Yes ☐ No **VAAD Removal?** ☐ Yes ☐ No

**Special Instructions:**

See Companion Page