

Case Number

Director

Full Name				Age	
Date of Death				T.O.D. Pron.	
Physical Address of Deceased		City	State	County	Zip
Location of Death (Corner Notified Y _ N_)		City	State	County	Zip
Place of Death:				Sex at birth	
Hospital: Inpatient _ ER/Outpatient _ DOA _ Other: Nursing Home _ Residence _ Other				Highest Level Of Education	
Hispanic Origin Race:		Citizen of USA Y ___ N ___	Phone		SSN
Date of Birth			City and State of Birth		
Mothers Full Name (First, Middle, Maiden)			Fathers Full Name (First Middle Last)		
Marital Status		Spouse Full Name (First Middle Maiden)		If Deceased: When and Where	
Date of Marriage			Place of Marriage		
Previous Marriage		Date		Place	
Previous Marriage		Date		Place	
Usual Occupation			Kind of Business		
Veteran Y_ N_		Branch of Service		Rank	
Date Entered			Date Discharged		
Informant's Full Name			Relationship		Home Number Cell Number
Informant's Physical Address		City	State	County	Zip
Informant's Mailing Address		City	State	County	Zip
Informant's Email Address					
Certifier		Address		Phone	

Spent Childhood at

School at	Graduated Year
College	Graduated Year
Resident of	For How Long
Coming from	
Church	City
Clubs & Organizations	

Hobbies & Interest

Number of Children

Survivors

		City	State
Parents			
Spouse			
# Sons			
# Daughters			
# Brothers			
# Sisters			

Grandchildren (#) Great Grandchildren (#) Great Great Grandchildren (#)

Preceded in Death By

Service Details

Location TFS Chapel Delta _ Cedaredge _ Hotchkiss _ Paonia _

Graveside Cemetery

Church

Address

Phone

Day and Date of Service

Time

Day and Date of Rosery/Vigil

Time

Clergy

Phone

Graveside Rites By

Phone

Date and Date of Private Visitation

Time

Date and Date of Public Visitation

Time

Memorial Contributions

Music

Instrumentalist

Vocalist

Family CD _____ Download _____

Pallbearers

Honorary Pallbearers

Number of Reserved Seats

Jewelry Instructions

Given to

Final Disposition

Burial _____ Cremation _____ Other _____

Date

Remains Present at Service Y _ N _

Cemetery

Address

Phone

Section

Lot

Block

Grave No.

Disposition of Remains

Released TO:

Printed Name

Signature

Date

Casket

Manufactured By

Urn

Manufactured By

Vault Concrete _____ Polyguard _____ Other _____

Manufactured By

Removal Team

Embalmed By

Autopsy Y _ N _

	Pre-Arrangement File Checked
	Family Contacted / Appointment
	Death Certificate Typed ____ Pending ____ Proofed_
	Doctor EDR ____ DTP ____ Faxed ____ Dropped Off ____
	Coroner EDR ____ DTP ____ Faxed ____ Dropped Off ____
	Recorder EDR ____ DTP ____ Faxed ____ Dropped Off ____
	Released ____ Permit ____
	# of CCDC
	CCDC Picked UP By:
	DC on Counter ____ In Bag ____ Mailed ____
	CCDC in Computer
	Social Security EDR ____ Faxed ____
	Social Services
	Contract
	A/R Card
	Insurance ____ Preneed Trust ____
	Checks Written D/C ____ Honorarium ____ Cemetery ____
	O/C ____ Grave Marker ____
	Obituary Out for Proof ____ Proofed ____
	Photo ____ Memorial Folder ____
	.
	Death Notice DCI ____ DS ____
	Free Obituaries HCS ____
	Paid Obituary DCI ____ HCS ____ DS ____ MDP ____
	Other Newspapers
	Web Page
	OK to Cremate ____ Cremation Paperwork ____
	Clergy ____ Music ____ Pallbearers ____
	O/C Arranged ____ Delivered ____
	Two Week Letter – 30 Day Survey
	Memorial Book
	Service Folders
	Laminating Book Marks ____ Service Folder ____
	Memorial Sign
	Temporary Marker
	Casket Ordered ____ Paperwork ____
	Urn Ordered ____ Engraved ____ Proofed ____
	.
	Headstone
	Death Date Engraving
	VA Flag ____ Stone ____ Benefit ____
	Military Honors
	Embalming Report
	Obituary to Minister