

Case Number				Director	
Full Name					Age
Date of Death					T.O.D. Pron.
Physical Address of Deceased	City [city limits in ____ out ____]	County	State	Zip	
Location of Death (Corner Notified Y _ N _)	City	County	State	Zip	
Place of Death: Hospital: Inpatient _ ER/Outpatient _ DOA _ Other: Nursing Home _ Residence _ Other				Sex at birth	
				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			
Son	Son		Son		
Daughter	Daughter		Daughter		
Usual Occupation		Kind of Business			
Veteran Y_ N_	Branch of Service		Rank		
Date Entered		Date Discharged			
Informant's Full Name		Relationship	Home Number		
Informant's SSN	Informant's Date of Birth		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		

Service Details

Location TFS Chapel Delta _____ Cedaredge _____ Hotchkiss _____ Paonia _____

Church

Address

Phone

Day and Date of Service

Time

Day and Date of Rosery/Vigil

Time

Clergy

Phone

Graveside Cemetery

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

Cremains Present at Service Y _ N _

Cemetery

Address

Phone

Section

Lot

Block

Grave No.

Disposition of Cremains

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 _