

ARIA Cremation Service & Funeral Homes

FIRST CALL SHEET

Deceased Full Name: _____ **M** or **F**

Where to Pick Up: _____ Family Present: **Y** or **N**

Address: _____ Room #: _____

Communicable Disease: **Y** or **N**: _____ Approx. Weight: _____

Birth-Date: _____ Death-Date: _____ Time of Death: _____ **AM** or **PM**

SSN of Deceased: _____ Pre-Plans/Arrangements: **Y** or **N**

Attending/Hospice Doctor: _____ Tel. #: _____

Next-of-Kin: _____ Relation: _____

Address: _____

Tel. #: _____ Alt. #: _____

Cleared by M.E.: **Y** or **N** Name of M.E.: _____ Time: _____ **AM** or **PM**

Special Instructions: _____

Information Submitted By: _____