



Cremation Document Instructions

FAX ALL COMPLETED DOCUMENTS TO:

****(972) 526-7410****

VITAL STATISTIC INFORMATION FOR TEXAS CERTIFICATE OF DEATH

- The entire document **MUST** be completed

EMBALMING AUTHORIZATION OR REFUSAL

(Select only one option)

- Approval for Embalming –
 - sign on signature place **(1)**
- Refusal of Embalming –
 - sign on signature place **(2)**

AUTHORIZATION OF DISCLOSURE AGREEMENT

- After reviewing document
 - sign on signature place **(3)**

ONLINE CREMATION ARRANGEMENT PROVISIO

- Please review carefully –
 - sign on signature place **(4)**

AUTHORIZATION FOR CREMATION (2 DOCUMENTS)

- **PAGE #1**
 - Initial whether deceased has a pacemaker or other implants
 - **(A or B)**
- **PAGE #2**
 - Identification Waiver
 - initial on place **(5)**
 - Legal next of Kin (see definition below) must sign in the presence of a Notary
 - sign on signature place **(6)**
 - Notary must sign, stamp and date where indicated

NOTE

If you are unable to sign in the presence of a Notary, a readable copy of your driver's license **MUST** be included when faxing the completed Cremation Documentation

*Legal Next-of-Kin (1) Spouse (if still legally married or in Texas common law) is required to sign the Crematory Authorization form. If there is no spouse the legal next of kin who is closest in blood lineage to the deceased is required to sign: (2) all adult and/or all minor children (person who has custody of minor children must sign for the minor), (3) both parents, (4) all siblings, etc.
(If unsure, please call (972) 607-4400 for clarification)



Cremation Document Instructions

FAX ALL COMPLETED DOCUMENTS TO:

**** (972) 526-7410 ****

IMPORTANT INFORMATION

- Read this document carefully
 - sign on signature place (7)

HOW DID YOU HEAR ABOUT US

- Indicate how you found about Aria Cremation Service & Funeral Home
 - sign on signature place (8)

STATEMENT OF FUNERAL GOODS AND SERVICES (CONTRACT)

Upon receipt of all completed Cremation Documents by our office, a Statement of Funeral Goods and Services will be emailed to you for review. Please sign where indicated and return to our office. Please follow up with a telephone call so we may gather your credit card information for payment. A payment receipt will accompany the Certified Death Certificates.

PLEASE NOTE

Payment MUST be received before the cremation can be scheduled

FAX CHECKLIST

- COMPLETED VITAL STATISTIC SHEET
- SIGNED AUTHORIZATION/REFUSAL TO EMBALM
- AUTHORIZATION OF DISCLOSURE AGREEMENT
- ONLINE CREMATION ARRANGEMENT PROVISIO
- AUTHORIZATION FOR CREMATION
- IMPORTANT INFORMATION
- HOW DID YOU HEAR ABOUT US
- DRIVER'S LICENSE (NON-NOTARY)

**FAX ALL DOCUMENTS
USING THE FOLLOWING
FAX COVERSHEET**

FAX COVERSHEET

ONLINE CREMATION DOCUMENTS

TO

DATE: _____

To: ARIA CREMATION SERVICE & FUNERAL HOME

FAX: (972) 526-7410



FROM

FROM: _____

PHONE: _____

EMAIL: _____

DECEASED: _____

PAGES:

(INCLUDING COVERSHEET)

MESSAGE:



Vital Statistic Information

State of Texas Bureau of Vital Statistics

PLEASE COMPLETE THIS FORM BEFORE PRINTING (SOME FIELDS WILL AUTO POPULATE)
USE LEGAL NAMES (NO NICKNAMES)

DECEASED

FIRST NAME:			MIDDLE:			LAST:			MAIDEN:		
DATE OF BIRTH:			DATE OF DEATH:			SOCIAL SECURITY NUMBER			AGE:		
GENDER	MALE	FEMALE	BIRTHPLACE		CITY		STATE/COUNTRY				
MARITAL STATUS:			MARRIED		WIDOWED		DIVORCED		NEVER MARRIED		
SURVIVING SPOUSE			FIRST		MIDDLE		LAST			MAIDEN	
DECEASED ADDRESS:						APT:	CITY:		STATE:	ZIP:	
PLACE OF DEATH			ADDRESS			CITY		STATE	ZIP		

PARENTS

FATHER	FIRST		MIDDLE		LAST		
MOTHER	FIRST		MIDDLE		MAIDEN NAME		

EDUCATION

HIGHEST LEVEL OF EDUCATION:	8 TH OR LESS	9 TH – 12 TH (NO DIPLOMA)	GRADUATE/GED	SOME COLLEGE (NO DEGREE)	ASSOCIATE	
	BACHELOR'S		MASTER'S		DOCTORATE	TRADE

OCCUPATION

USUAL OCCUPATION:	TYPE OF INDUSTRY:
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MILITARY

EVER IN ARMED FORCES	YES	NO	BRANCH	ARMY	NAVY	AIR FORCE	MARINES
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INFORMANT

FIRST NAME			LAST			RELATIONSHIP TO DECEASED		
ADDRESS				APT	CITY		STATE	ZIP:
PHONE NUMBER (MAIN)		PHONE NUMBER (SECONDARY)		EMAIL ADDRESS				

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: Aria Cremation Service & Funeral Home

Name of Deceased _____ **Date of Death** _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractor or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

(1)

Signature of Next-of-kin or Person Responsible for making arrangements for final disposition **Date Signed**

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in possession of the Licensed Embalmer at the time of the procedure.

<p>If Authorization for embalming is oral, complete the following: Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.</p>
Authorization to embalm received from _____
Relation to Deceased _____
Time _____ <input type="checkbox"/> a.m. or <input type="checkbox"/> p.m. Date _____
Received by _____

If no authorization can be obtained, complete the following:

I hereby acknowledge that _____ has made a reasonable effort over a
Name of Establishment
 period of at least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing embalming without permission. Times contact with family attempted:

Signature and License # of Embalmer

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

(2)

Signature _____ Date



FTC DISCLOSURE / DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practice Rule requires certain disclosures and prohibits Misrepresentations. The Disclosure Disclaimer Form is a checklist we ask those we serve to read and sign if during the funeral arrangement our firm complied with the following:

NAME OF DECEASED: _____

DATE OF DEATH: _____

The undersigned received a General Price List effective on: September 15, 2018 prior to discussing prices, services or merchandise.

The undersigned received a Casket Price List effective on: September 15, 2018 prior to viewing or discussing prices of caskets.

The undersigned received an Outer Container Price List effective on: September 15, 2018 prior to viewing or discussing prices of outer burial containers.

The undersigned received a copy of the Facts About Funerals brochure provided by the Texas Funeral Service Commission that explains the rights of the consumer in the funeral process.

The undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.

The undersigned was not told that the law requires embalming for direct cremation, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation.

The undersigned was informed that the law does not require a casket for direct cremation.

The undersigned was informed that the law does not require the purchase of an outer burial container.

The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of the remains for a long time or indefinite time.

The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, expressed or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, which are extended by the manufacturers of the goods. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.

(3) SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Online Cremation Arrangement Proviso

*****PLEASE READ CAREFULLY*****

(Name of Deceased)

(Date of Death)

DEATH CERTIFICATES

SECURING A DOCTOR'S SIGNATURE ON A DEATH CERTIFICATE TAKES A MINIMUM OF 5 TO 10 BUSINESS DAYS TO COMPLETE

You will be notified immediately when certified death certificates are available.

It is very important that correct Vital Statistic information is provided on the Decedent Vital Statistic Information Sheet. Incorrect information will require an Amendment to the Certificate of Death, resulting in a **16-week** minimum processing delay for the information to be changed through the Texas Vital Statistic's Unit. Additional fees are assessed by the State of Texas for the Amendment Process. We will not be held responsible for errors on the Certificate of Death if incorrect or inadequate information is provided on the Decedent Vital Statistic Information Sheet.

THE CREMATION PROCESS

Several documents are required by the State of Texas (**RULE §205.11 Prerequisites for Cremation**) before a cremation can be legally performed:

- Signed Certificate of Death by Physician
- Authorization to Cremate by Medical Examiner/Justice of the Peace
- Burial Transit Permit
- Authorization signed by Legal Next of Kin

This process begins with a signed death certificate from the Attending Physician. Once signed, the death certificate is presented to the Medical Examiner or Justice of the Peace for issuance of a Cremation Authorization Permit. The Burial Transit permit is then issued by the State of Texas upon receipt of the Cremation Authorization Permit. Texas State Law prohibits cremation until all documents have been issued. In most cases, cremated remains are available for release to the next of kin in about **10-14 days** from receipt of all cremation arrangement documentation.

RECEIPT OF CREMATED REMAINS

Cremated remains must be released from our facilities within 4 weeks, following notification from a representative of our funeral home that the cremated remains are ready to be released. Due to limited storage space and liability involved, we maintain the right to dispose of said cremated remains after the 4-week grace period; a penalty fee will be assessed to the Statement of Funeral Goods and Services because of this service.

OBITUARY NOTICES

In addition to charges from newspapers for obituary notices placed in their publications, there is a \$50 administrative fee for each obituary submission. **ALL OBITUARY NOTICES MUST BE APPROVED PRIOR TO PUBLICATION.** Aria Cremation Service & Funeral Homes will not be liable for errors appearing in obituary notices submitted on a family's behalf. Obituary notice charges must be secured prior to publication date.

PERSONAL EFFECTS

Personal Effects may accompany your loved one to our funeral home. If we receive any personal effects with your loved one, you may have them returned to you if you wish. **Please Initial Selection**

RETURN
DISPOSE
NONE

(DATE)

(4)

(SIGNATURE OF NEXT OF KIN)

ARÍA
O N L I N E

(SIGNATURE OF FUNERAL DIRECTOR)

NORTH TEXAS FUNERALS AND CREMATIONS CREMATORY ("The Crematory")**AUTHORIZATION FOR CREMATION AND DISPOSITION**

This is a legal document. Please read all information carefully before signing. This document contains important information about cremation. Cremation is an irreversible and final act.

Name of Deceased _____ Case# ONLINE

Age _____ Date of Death _____ Contract # ONLINE

Funeral Home: ARIA CREMATION SERVICE AND FUNERAL HOME Phone 214-306-6700

Mailing Address: 19310 PRESTON ROAD - DALLAS, TX 75252

I, the undersigned, certify, warrant, and represent that I have the full legal right and authority to authorize the cremation, processing, and disposition of the remains of _____ (hereafter referred to as the Deceased). I am the person who, by law, has the paramount right to control the disposition of the remains of the Deceased and that no other person(s) has a superior or equal right over me.

I hereby request and authorize ARIA CREMATION SERVICE AND FUNERAL HOME to take possession of and make arrangements for the cremation of the Deceased at North Texas Funerals & Cremations Crematory.

The cremation, processing and disposition of the remains of the deceased authorized herein shall be performed in accordance with all governing laws, rules, regulations and policies of the crematory and the funeral home, and also the following terms and conditions.

It is the policy of the crematory to require the remains of the deceased be placed in some type of minimum rigid container. If the deceased is not in a container when it reaches the crematory, then the minimum container will be furnished and charged to the funeral home. When a casket is used, the crematory is authorized to remove and dispose of handles, ornaments and any other non-combustible material. I authorize the remains of the deceased to be removed prior to cremation and placed in a combustible container. We further authorize the crematory to dispose of any non-combustible casket in any lawful manner it deems appropriate.

PACEMAKER MAY CREATE A HAZARD WHEN PLACED IN A CREMATION CHAMBER. THE CREMATORY WILL NOT CREMATE ANY REMAINS WHICH CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE. IN THE EVENT THE REMAINS CONTAIN SUCH A DEVICE, I HEREBY AUTHORIZE THE FUNERAL HOME, ITS AGENTS AND EMPLOYEES TO REMOVE ANY SUCH DEVICE FROM THE REMAINS PRIOR TO CREMATION AND DISPOSE OF SUCH ITEMS AT ITS DISCRETION. I UNDERSTAND THAT FAILURE ON MY PART TO NOTIFY THE FUNERAL HOME/CREMATORY OR SUCH IMPLANTS COULD RESULT IN DAMAGE TO CREMATORY WORKERS AND I WILL BE HELD LIABLE.

(A) _____ **(B)** _____
THE DECEASED DOES _____ DOES NOT _____ CONTAIN ANY TYPE OF IMPLANTED MECHANICAL OR RADIOACTIVE DEVICE.

DESCRIPTION OF IMPLANTED MECHANICAL DEVICE: _____ **DISPOSITION:** _____

The cremation container containing the deceased will be placed in the cremation chamber and will be totally and irreversibly destroyed by prolonged exposure to intense heat and direct flame. I authorize the crematory to open the cremation chamber during the cremation process and reposition the remains of the deceased in order to facilitate a complete and thorough cremation. Certain items, including, but not limited to, body prostheses, dentures, dental bridgework dental fillings, jewelry, and other personal articles accompanying the remains of the deceased, are recovered from the cremation chamber. They may be separated from the cremated remains of the deceased and disposed of by the crematory. I hereby authorize the crematory to separate and remove from the cremation chamber all non-combustible materials, including, but not limited to, hinges, latches, nails, jewelry and precious metals, and to dispose of such materials.

Following cremation, the cremated remains of the deceased, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.

Unless an urn or container suitable for shipment is provided, the crematory will place the cremated remains of the deceased in a container made of plastic and covered with cardboard, which is destructible. The crematory will not be held responsible for any damage that might occur during shipment or delivery. In the event this container or provided urn is insufficient to accommodate all the cremated remains of the deceased, any excess cremated remains will be placed in a secondary container and returned to the funeral home, together with the primary container or urn.

I understand and acknowledge that even the exercise of reasonable care and the crematory's best effort, it is not possible to recover particles of the cremated remains of the deceased and that some particles may inadvertently become commingled with particles or other cremated remains remaining in the cremation chamber and/or devices utilized to process the cremated remains. I hereby authorize the crematory to dispose of any such residual particles in any lawful manner it deems appropriate.

I AGREE TO IDEMNIFY, RELEASE AND HOLD THE CREMATORY, FUNERAL HOME, THEIR AFFILIATES, AGENTS, EMPLOYEES AND ASSIGNS, HARMLESS FROM ANY AND ALL LOSS, DAMAGES, LIABILITY OR CAUSES OR ACTION (INCLUDING ATTORNEY'S FEES AND EXPENSES OF LITIGATION) IN CONNECTION WITH THE CREMATION AND DISPOSITION OF THE CREMATED REMAINS OF THE DECEASED AS AUTHORIZED HEREIN, OR MY FAILURE TO CORRECTLY IDENTIFY THE REMAINS OF THE DECEASED, DISCLOSE THE PRESENCE OF ANY IMPLANTED MECHANICAL OR RADIOACTIVE DEVICES, OR TAKE POSSESSION OF, OR MAKE PERMANENT ARRANGEMENTS FOR THE DISPOSITION OF SUCH REMAINS.

DISPOSITION OF CREMATED REMAINS AND PERMIT TO SHIP IN DESTRUCTIBLE CONTAINER:

YOU ARE REQUESTED AND THIS IS YOUR AUTHORITY TO DELIVER THE CREMATED REMAINS OF

_____ IN THE BELOW SPECIFIED MANNER:

DELIVER TO: **ARIA CREMATION SERVICE AND FUNERAL HOME**
 ADDRESS: 19310 Preston Road
 Dallas, Texas 75252

(5)

The undersigned assumes all liability for incorrect identification and does hereby agree to indemnify, defend and hold the funeral home and crematory, including their agents and employees, harmless from any and all claims, damages, liabilities or costs which may arise if this identification is inaccurate. The undersigned hereby [] waives the right of identification of remains.

I CERTIFY AND REPRESENT THAT I HAVE FULL POWER TO MAKE SUCH AUTHORIZATION. I HEREBY AGREE TO ASSUME ANY AND ALL LIABILITY FOR COST OR DAMAGES SHOULD ANY LITIGATION ARISE BECAUSE OF SAID DELIVERY AND TO RELEASE THE CREMATORY FROM ANY AND ALL LIABILITY THAT MAY ATTACH HERETO BY REASON OF SAID DELIVERY TO SAID NAMED PARTY. IN CONSIDERATION OF THE CREMATORY WAIVING ITS RIGHT TO REQUIRE A PERMANENT URN FOR THE CREMATED REMAINS OF THE DECEASED, I HEREBY ACCEPT RESPONSIBILITY FOR SHIPMENT OR DELIVERY OF SAID REMAINS IN A RECEPTACLE OTHER THAN REQUIRED BY SAID THE CREMATORY THE UNDERSIGNED HEREBY AUTHORIZES CREMATORY TO DELIVER THE CREMAINS VIA U.S. MAIL AND AGREES TO ASSUME ALL LIABILITY FOR ANY DAMAGES THAT MAY ARISE FROM ANY CAUSE GROWING OUT OF SAID DELIVERY AND TO INDEMNIFY AND HOLD HARMLESS THE CREMATORY AND ALL FUNERAL DIRECTORS FROM ANY AND ALL CLAIMS RELATED TO SAID SHIPMENT.

SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION

I WARRANT THAT ALL REPRESENTATIONS AND STATEMENTS MADE HEREIN ARE TRUE AND CORRECT AND THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT. AS AUTHORIZING AGENT, I HAVE THE RIGHT TO AUTHORIZE THE CREMATION AND AM NOT AWARE OF ANY PERSON WITH A SUPERIOR OR EQUAL PRIORITY RIGHT; OR IF ANOTHER PERSON HAS AN EQUAL PRIORITY RIGHT ALL REASONABLE EFFORTS TO CONTACT THAT PERSON HAS FAILED AND BELIEVE THAT PERSON WOULD NOT OBJECT TO CREMATION AND I AGREE TO INDEMNITY AND HOLD HARMLESS THE FUNERAL HOME AND THE CREMATORY FOR ANY LIABILITY ARISING FROM PERFORMING THE CREMATION WITHOUT THAT PERSON'S AUTHORIZATION.

(6)

SIGNATURE: _____ RELATIONSHIP _____ DATE _____
 SIGNATURE: _____ RELATIONSHIP _____ DATE _____
 SIGNATURE: _____ RELATIONSHIP _____ DATE _____
 FUNERAL DIRECTOR: _____ LICENSE #: _____ DATE _____

NOTARY STATEMENT – Required when authorizing signatures are not witnessed by funeral provider.

State of _____ County of _____

Before me, _____, on this day personally appeared _____, known to me (or proved to me through _____) to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same for the purposes and consideration herein expressed. Given under my hand and seal of office this _____ day of _____, 20_____.

{NOTARY SEAL HERE}

Signature Notary Public:

AUTHORITY TO CREMATE – JUSTICE OF THE PEACE

THIS FORM MUST BE ACCOMPANIED BY AUTHORITY TO CREMATE SIGNED BY PROPER RELATIVES OR LEGAL REPRESENTATIVES OF THE DECEASED TOGETHER WITH CREMATION PERMIT FROM THE BUREAU OF VITAL STATISTICS.

I, _____ JUSTICE OF THE PEACE FOR PRECINCT NO. _____ COUNTY OF _____, STATE OF TEXAS DO HEREBY CERTIFY THAT AN AUTOPSY WAS PERFORMED () WAS NOT PERFORMED () ON THE DEAD BODY OF _____, WHOSE DEATH OCCURRED ON THE _____ DAY OF _____ YEAR _____ IN PRECINCT NO. _____, COUNTY OF _____, STATE OF _____, AND I FURTHER CERTIFY THAT SAID BODY MAY BE LAWFULLY CREMATED. GIVEN UNDER MY HAND THIS _____ DAY OF _____ YEAR _____.

_____ JUSTICE OF THE PEACE SIGNATURE PRECINCT NO. _____ COUNTY OF _____ STATE OF _____



IMPORTANT INFORMATION

** PLEASE READ CAREFULLY **

NOTICE: This document MUST be signed by the informant contracting the services of Aria Cremation Services and Funeral Home to assure understanding and agreement to all information contained below before the cremation will take place.

If you are planning a service for your loved one and it is important that the cremated remains be present for that service, please do not finalize plans for the service until you have received the cremated remains. Due to the issuance of permits/certificates from outside parties, we cannot guarantee when the cremation will be performed. Remember, permits are issued in consecutive order of one another and a cremation cannot be performed until ALL legal documentation has been secured.

Certified Death Certificates, Cremated Remains, and Merchandise selected must be picked up from: 19310 PRESTON ROAD - DALLAS, TX 75252 - (214) 306-6700

Your loved one's cremated remains will be returned to you in a temporary storage container. Temporary containers are not intended for the permanent storage of cremated remains in a niche, crypt, cremation interment container, or interment space. [TEX HS. CODE ANN. § 716.155]. We offer a variety of urns and specialize in personalization. Talk to your funeral director about your options.

When all legal documentation/permits have been received for cremation, the informant will be notified by phone, that the cremation is ready to be scheduled. The caller will, by policy, read a paragraph to the informant regarding scheduling the cremation. The informant will have one FINAL opportunity to verbally give permission to proceed with cremation or place the cremation on hold. If verbal permission is granted, the cremation will be scheduled and the next of kin will not receive any additional notifications until the Cremated Remains and Death Certificates are available for release.

AGREED AND UNDERSTOOD

Name of Deceased

(7) Signature of Next of Kin

Date

Signature of John P. Brooks



Thank you for placing your trust in us.

Dear Friend,

Thank you for choosing our family to assist you at this difficult time. Would you please take a moment to complete this simple form to aid our research & improve how we reach out to people in the area? Your response will be used for our internal purposes & will remain confidential. Thank you for your time & assistance.

Kindest Regards,

John P. Brooks

President & CEO

How did you hear about Aria?

Please complete all that apply.

Newspaper _____ Radio Station _____ Television _____

Internet _____ Which search engine? _____

Phone _____

Directory _____ Circle One: Yellow Pages | AT&T | Verizon | Other: _____

Hospice: _____ Name of Hospice: _____

Friend: _____ Name of Friend: _____

Church/Pastor: _____ Name of Church/Pastor: _____

Other (please specify): _____

Bereavement Newsletter

Please provide your email address as well as the email addresses of family and friends so that you may benefit from receiving our monthly bereavement newsletter:

Your Email Address: _____

Family & Friends' email addresses: _____

(8) Informant's Signature: _____ Date: _____

Director's Signature: _____

Name of Deceased: _____ Date of Death: _____

Name of Informant: _____ Phone Number: _____