



Client Number

First Call Sheet

Date

Name of Deceased

Time of Death

Place of Death

Residential Address

Attending Physician

Family Member / Relation to Deceased

Person(s) Responsible (name)

Address of Person(s) Responsible

Telephone # Home : ()

Cell : ()

Telephone # Other :

Email Contact :

Signature of Person(s) Responsible

Funeral Director

Client Number



Statement of Death

Date_____

Name of Deceased_____

Mother's Name_____ Father's Name_____

Place of birth of deceased_____

Date of birth of deceased_____ Date of Death _____

Number of Children_____ Parents Deceased_____

Spouse's Name_____

Person responsible/Relation to Deceased_____

Contact information for receiving funeral home (DO NOT FILL IN BELOW)

Name of Funeral Home_____

Address_____

Telephone-Office: () _____ Mobile :() _____

Name of Informant_____ Email Contact_____

Signature_____



RELEASE AUTHORIZATION

DATE: _____

The undersigned _____ hereby charges Royal Funeral Home with all funeral arrangements for Mr./Mrs./Ms./Master _____

I (We) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and /or are legally authorized or charged with the responsibility for such burial, cremation and/or other disposition of the human remains.

Type of Funeral Arrangement:

- Burial
- Cremation
- Repatriation (Destination : _____)

Name _____

Relationship _____

Legally authorized _____

Signature _____

Name _____

Relationship _____

Legally authorized _____

Signature _____

Royal Funeral Home Representative



Authorization for Cremation

Information of next of kin

Name of next of kin : _____
 Relation to deceased : _____
 Address : _____

 Tel # : _____
 Cell # : _____
 Email : _____

On this _____ day of _____, 20____, the undersigned
 _____ hereby authorize Royal Funeral Home and
 Crematorium to perform the cremation of:

Information on Deceased

Name of deceased : _____
 Date of birth : _____
 Age of deceased : _____
 Date of death : _____
 Place of death : _____
 Address : _____

 Signature
 Representative
 Royal Funeral Home

 Signature of Informant

Cremation time is set for approximately 6:00 pm



Disposition of Cremains for Pick up

I hereby advise that _____ will return to Royal Funeral Home to pick up the cremated remains.

-OR-

Disposition of Cremains for Ship Out

I hereby authorize Royal Funeral Home to ship the cremated remains to:

Name of funeral home :
Name of funeral home director :
Address:

Tel # :
Email :

Signature
Representative
Royal Funeral Home

Signature of Next of Kin