

FOR THE DECEASED OF:

Name: _____

*****DO NOT CREMATE UNTIL ALL ITEMS ARE VERIFIED*****

Check boxes that apply:

Family Request **No** Viewing: _____

X _____

Signature: _____

OR

Family Request Viewing Which Will Take Place:

Day: _____

Date: _____

Time: _____

The viewing has taken place and is over: FD Initial: _____

AND

Match Deceased to Paperwork: _____

Initial

Family Signatures for Authorization
Authorization Signatures Complete

FD: How Many
()

Secretary
Initial

48 Hours has Elapsed:

Date of Death: _____

Today's Date: _____

Initial

Medical Examiners Approval: _____

Number: _____

Dr: _____

Initial

Check for any Jewelry and/or Pacemaker

Circle one(s) that are found

Initial

If casket, completely open & check for pictures, etc.

Verified By (L.F.D.): _____

Date & Time: _____

Description of Jewelry: _____