

FIRST CALL SHEET

Lotus Mortuary

2939 E. 95th St. Chicago, IL. 60617
Ph: (312)801-6000 Fax: (312)820-8130

Name of Deceased: (First,Middle,Last) _____

D.O.B: _____ **D.O.D:** _____ **T.O.D:** _____

Male/ Female **Weight:** _____ **Social Security #:** _____

Removal Location: Residence / Nursing Home / Medical Examiner / Hospice / Hosp. Inpatient / Hosp. ER

Street Address: _____

City: _____ **County:** _____ **Zip:** _____

If Home: # of Steps: _____ **Location:** _____ **Coroner Notified:** YES/NO

RD# _____

Permission to Embalm: YES/NO

Next-of-Kin Info

Name: (First, M, Last) _____

Relationship to Deceased: _____

Street Address: _____

Phone: _____ **Email:** _____

Doctor Info

Name: _____

Address: _____

Phone: _____ **Fax:** _____