

Cremation Drop off Form

Name of Funeral Home:

Deceased Name:

Date of Death:

Time of Death:

Place of Death (City, State, County):

Coroner Call? Yes _____ NO _____

Embalmed? Yes _____ NO _____

USPS Cremated Remains? Yes _____ NO _____ If Yes, Authorization to mail will need to be signed by NOK. The form is available on our website.

Remains to be picked up by Funeral Home? Yes _____ NO _____

Remains to be picked up by family? Yes _____ NO _____ If Yes, Please list:

Name:

Relationship to decedent:

Contact phone number:

Pacemaker? Yes _____ NO _____ If Yes, has pacemaker already been removed? Yes _____ NO _____

Estimated Weight:

Date needed back:

Please list any and all personal effects that are to be cremated with the decedent: