

ACCORD CREMATION AND BURIAL FD1591/FD1685  
 STATISTICAL INFORMATION REQUIRED TO COMPLETE NECESSARY DOCUMENTS

(PLEASE PRINT CLEARLY)

NAME OF DECEDENT FIRST (GIVEN)		MIDDLE			LAST			
ALSO KNOW AS (FIRST,MIDDLE,LAST)		AGE Yrs.	DATE OF BIRTH	IF UNDER ONE YEAR		IF UNDER 24HOURS		SEX
				MONTHS	DAYS	HOURS	MINUTES	
BIRTH STATE/FOREIGN COUNTRY	SOCIAL SECURITY NUMBER	EVER IN US ARMED FORCES		MARITAL STATUS (AT TIME OF DEATH)		DATE OF DEATH	HOUR (24 HOURS)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
EDUCATION (HIGHEST LEVEL/DEGREE)	WAS DECEDENT HISPANIC/LATINO/SPANISH			DECEDENT'S RACE (UP TO 3 RACES MAY BE LISTED)				
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
USUAL OCCUPTION-TYPE OF WORK FOR MOST OF LIFE (DO NOT USED RETIRED)		KIND OF BUSINESS OR INDUSTRY				YEARS IN OCCUPATION		
DECEDENT'S RESIDENCE (STREET NUMBER OR LOCATION)								
CITY	COUNTY/PROVINCE			ZIP CODE		YEARS IN COUNTY	STATE/FOREIGN COUNTRY	
INFORMANT'S NAME,RELATIONSHIP				INFORMANT'S MAILING ADDRESS(STREET,NUMBER,CITY,STATE,AND ZIP)				
NAME OF SURVING SPOUSE (FIRST)		MIDDLE			LAST (MAIDEN NAME)			
NAME OF FATHER (FIRST)	MIDDLE			LAST		BIRTH STATE		
NAME OF MOTHER (FIRST)	MIDDLE			LAST (MAIDEN)		BIRTH STATE		

**I VERIFY THE ABOVE INFORMATION IS SPELLED CORRECTLY.**

**SIGNATURE**

As your funeral director, we initiate the certificate based on the information you have provided. We deliver the certificate to the attending physician, who by law, must certify the cause of death. We then file the certificate with the local Health Department Office. THE AVAILABILITY OF CERTIFIED COPIES WILL DEPEND UPON THE SCHEDULE OF THE HEALTH DEPARTMENT. Normally, allow about ten county working days to receive the certified copies you request after the certificate is filed.

Certified copies of the death certificate are a service provided by the Health Department at (presently) \$\_\_\_\_\_ per copy. We will order the number of copies you request when we file the original document. You can always obtain additional certified copies if you need them.

Examples of items that may require a "Certified Copy" are:

- \*\* Social Security    \*\* Life Insurance Policies    \*\* Pension Funds
- \*\* Bank Accounts    \*\* Saving Accounts    \*\* Certificates of Deposit
- \*\* County Recorders Office (Property)    \*\* Department of Motor Vehicles (Automobile)    \*\* Securities (Stocks & Bonds)

Number of certified copies you would like us to order? \_\_\_\_\_  Mail Certified Copies to Next Kin Above  
 Mail Certified Copies to \_\_\_\_\_

**Release Authorization**

TO: Hospital, Nursing Home, Coroner \_\_\_\_\_

I here authorize and request the release of the remains of: \_\_\_\_\_

to ACCORD CREMATION AND BURIAL SERVICES including its agents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: \_\_\_\_\_  
(Funeral Establishment Name)

RE: \_\_\_\_\_  
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. **I understand that embalming is not required by law.**

I, \_\_\_\_\_, do  do not  (check one) request embalming. I understand that for storage or embalming purposes the decedent may be transported to the following location:

\_\_\_\_\_  
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: \_\_\_\_\_, Relationship to Decedent: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to \_\_\_\_\_, Relationship to Decedent: \_\_\_\_\_, who did  did not  (check one) authorize embalming at the above named funeral establishment. Telephone Number: \_\_\_\_\_  
Date and time authorization granted: \_\_\_\_\_

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.  
Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(Month) (Year) (City and State)

\_\_\_\_\_  
Funeral Establishment Representative (Print Name)

\_\_\_\_\_  
Funeral Establishment Representative (Signature)

# SERVICE PLANNING FORM

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

File# \_\_\_\_\_

<b>First Name:</b> _____	<b>Middle</b> _____	<b>Last</b> _____	<b>DOD</b> _____	<b>Time</b> _____	<b>Sex</b> _____
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**Service One**  
Day \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

Place \_\_\_\_\_  
Address \_\_\_\_\_

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Interment \_\_\_\_\_  
Address \_\_\_\_\_

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Casket Bearers \_\_\_\_\_  
Music \_\_\_\_\_  
Officiant \_\_\_\_\_ Phone \_\_\_\_\_  
Church \_\_\_\_\_  
Religion \_\_\_\_\_ Lodges \_\_\_\_\_  
Funeral Coach \_\_\_\_\_  
Place / Time / Driver \_\_\_\_\_  
Service Vehicle \_\_\_\_\_  
Limo To \_\_\_\_\_

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Call Time \_\_\_\_\_  
Family Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Cross Street \_\_\_\_\_  
Escorts (min. of 2) \_\_\_\_\_  
Additions/Changes \_\_\_\_\_

**Service Two**  
Day \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

Place \_\_\_\_\_  
Address \_\_\_\_\_

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Interment \_\_\_\_\_  
Address \_\_\_\_\_

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Casket Bearers \_\_\_\_\_  
Music \_\_\_\_\_  
Officiant \_\_\_\_\_ Phone \_\_\_\_\_  
Church \_\_\_\_\_  
Religion \_\_\_\_\_ Lodges \_\_\_\_\_  
Funeral Coach \_\_\_\_\_  
Place / Time / Driver \_\_\_\_\_  
Service Vehicle \_\_\_\_\_  
Limo To \_\_\_\_\_

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Call Time \_\_\_\_\_  
Family Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Cross Street \_\_\_\_\_  
Escorts (min. of 2) \_\_\_\_\_  
Additions/Changes \_\_\_\_\_

**Visitation**

Day \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_  
Instructions \_\_\_\_\_

**Preparation Instructions**

Embalming/Refrigeration (Circle One) To Be Done At \_\_\_\_\_  
Other Preparation/Instructions \_\_\_\_\_

Deceased at \_\_\_\_\_ Ready By \_\_\_\_\_

**Forwarding/Receiving Of Deceased**

Deceased at \_\_\_\_\_ Ready By \_\_\_\_\_  
Lvs Via \_\_\_\_\_ Hour \_\_\_\_\_  
Day \_\_\_\_\_ Date \_\_\_\_\_  
Arr Via \_\_\_\_\_ Hour \_\_\_\_\_  
Day \_\_\_\_\_ Date \_\_\_\_\_  
Lvs Via \_\_\_\_\_ Hour \_\_\_\_\_  
Day \_\_\_\_\_ Date \_\_\_\_\_  
Arr Via \_\_\_\_\_ Hour \_\_\_\_\_  
Day \_\_\_\_\_ Date \_\_\_\_\_

Rec. Mort. \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Rec. Mort. Notified \_\_\_\_\_ Ck.Req. \_\_\_\_\_  
Contact \_\_\_\_\_

Hold/Transfer \_\_\_\_\_

**Personal Effects**

Jewelry \_\_\_\_\_  
Religious Items \_\_\_\_\_  
Disposition of effects \_\_\_\_\_  
Clothing \_\_\_\_\_  
Cosmetics \_\_\_\_\_  
Casket/Alt. Container \_\_\_\_\_  
Special Instructions \_\_\_\_\_

*I Have read and verify that the above information is accurate as given and arranged for*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

