

Decedent Care Information

Decedent Name:	Mortuary:
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Service and Cremation Information				
Director:	Embalming: <input type="checkbox"/> Yes <input type="checkbox"/> No	ID View: <input type="checkbox"/> Yes <input type="checkbox"/> No	Send to Crematory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burial: <input type="checkbox"/> Service <input type="checkbox"/> Direct	Cremation: <input type="checkbox"/> Service <input type="checkbox"/> Direct	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oversized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Viewing Room Reason: <input type="checkbox"/> ID View <input type="checkbox"/> Makeup <input type="checkbox"/> Hair <input type="checkbox"/> Dressing <input type="checkbox"/> Appearance Check	Viewing Room Date:		Viewing Room Time:	
Viewing Room Reason: <input type="checkbox"/> ID View <input type="checkbox"/> Makeup <input type="checkbox"/> Hair <input type="checkbox"/> Dressing <input type="checkbox"/> Appearance Check	Viewing Room Date:		Viewing Room Time:	
<input type="checkbox"/> Open Casket <input type="checkbox"/> Closed Casket	Service Pick Up: <input type="checkbox"/> Prep <input type="checkbox"/> Chapel <input type="checkbox"/> Viewing Room	Service Day:	Service Date:	Expected Delivery Time:
Additional Service Instructions:				

Appearance Instructions				
Hair Part: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Center	Hair Instructions (Please select all that apply) <input type="checkbox"/> Curled <input type="checkbox"/> Straightened <input type="checkbox"/> Comb Back <input type="checkbox"/> No Hair <input type="checkbox"/> Hair Dye <input type="checkbox"/> Hat/Wrap <input type="checkbox"/> Bangs <input type="checkbox"/> Wig			Photo Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Recent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Makeup: <input type="checkbox"/> No Makeup <input type="checkbox"/> Natural <input type="checkbox"/> Family Provided	Blush: <input type="checkbox"/> Natural <input type="checkbox"/> Red <input type="checkbox"/> Pink	Lip Color: <input type="checkbox"/> Natural <input type="checkbox"/> Red <input type="checkbox"/> Pink	Nails: <input type="checkbox"/> Clean and Trim <input type="checkbox"/> Leave As Is <input type="checkbox"/> Polish Color: _____	Facial Hair: <input type="checkbox"/> Clean Shaven <input type="checkbox"/> Trim <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Sideburns
Additional Hair and Makeup Instructions:				

Casket and Casketing Information			
Casket/Container:	Color/Material:	Personalization: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description:
Supplier/Manufacturer:		Expected Delivery Date:	3 rd Party Condition Form Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Include: <input type="checkbox"/> Crucifix <input type="checkbox"/> Cross <input type="checkbox"/> Comfort Cross		Provided By: <input type="checkbox"/> Family <input type="checkbox"/> Mortuary <input type="checkbox"/> Batesville	

Personal Property and Clothing						
Clothing Provided: <input type="checkbox"/> Ready <input type="checkbox"/> Expected Delivery _____		No Clothing Provided: <input type="checkbox"/> Leave as Is <input type="checkbox"/> Removal Clothes <input type="checkbox"/> Hospital Gown <input type="checkbox"/> Donated from FH				
Description of Item (Color/Pattern/Etc)	Bury	Cremate	Dispose	Return	Placement	Completed By:

Special Requests	
Fingerprints: <input type="checkbox"/> Yes <input type="checkbox"/> No Completed By: _____ Date: _____	Locks of Hair: <input type="checkbox"/> Yes <input type="checkbox"/> No # of locks _____ Completed By: _____ Date: _____

Notes: