

CALI HOME FUNERAL SERVICES - Check List

Last Name: _____

FORMS TO SIGN

Decedent (FIRST)	MIDDLE	LAST	DOD	M/F

Preneed sign	GPL	CGL	Statement of Goods & Services	Price Ack
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DC Information	A. Release	A. Embal
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Cremation, additional forms to sign

Declare Disp. Cremain	Crem. Contract SCI or SCC
<input type="radio"/>	<input type="radio"/>

INTERVIEW

by _____ Init.

Body Prep		Special Instruction:
Embalm	<input type="radio"/>	
Cosmetic	<input type="radio"/>	
Hair	<input type="radio"/>	
Clothing	<input type="radio"/>	
Extra clothing disposal	<input type="radio"/>	

DISPOSITION

Burial	Cremation	Ship Out	Transfer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MERCHANDISE

Casket	Urn	Flowers	Altar	Register Book	Other supplies
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICES

Date	Time from	to	Type	Location	Notes

Escort	Refreshment	Cemetery/Crematory	Payments	Obits	Others
			Date: _____ Amount \$ _____		
				Name- Relationship- City	

POST SERVICES

Report SSA	DC delivered	Cremain delivered	Others
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLOSED FILE NUMBER
