



CASE PREPARATION FORM

Decedent Information

Decedent's Name: _____		Height: _____	Weight: _____
Any personal effects transported from place of death: <input type="checkbox"/> Yes <input type="checkbox"/> No		Embalming: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe what family would like done with items: _____		ID View <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Time: _____
Has the case been autopsied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the case have a pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the case a donor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type: <input type="checkbox"/> Organ <input type="checkbox"/> Skin <input type="checkbox"/> Eyes <input type="checkbox"/> Bones	

Casket Information

Casket: _____	Vendor: _____	Scheduled Delivery Date: _____
Casket Extras <input type="checkbox"/> Yes <input type="checkbox"/> No (corners, medallions, panels, decals) If yes, please describe below: _____		
<input type="checkbox"/> Open Casket	<input type="checkbox"/> Closed Casket, any viewing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Case Notes:

Transportation Information

<input type="checkbox"/> Transport to: _____	Service Information			Decedent is being prepared for:	
<input type="checkbox"/> Load in Hearse at: _____	Viewing	Day	Date	Time	<input type="checkbox"/> Burial <input type="checkbox"/> Direct Cremation
<input type="checkbox"/> Mortuary to pick-up: _____	Funeral				<input type="checkbox"/> Cremation <input type="checkbox"/> Other
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Ship Out _____

Dressing Information

<input type="checkbox"/> Clothing Received	<input type="checkbox"/> Pending	<input type="checkbox"/> None to be Provided	Jewelry received, how many & where would they like them placed: _____			
High neck and long sleeves recommended					Other Items: _____	
Underwear	Shirt L/S	S/S	Pants	Pajamas		Scarf
Undershirt	Stockings	Suit	Jacket	Robe		Hat
Bra	Skirt	Vest	Shorts	Socks		Bow Tie
Slip	Dress	Belt	Sweater	Shoes		Tie

Cosmetic Information

Cosmetics: <input type="checkbox"/> Yes - Describe below <input type="checkbox"/> No Make-up (there will be no make-up only cream that will need to be removed prior to viewing)					
Please remind families that we only have basic colors				Photo:	
Lip Color	Natural	Red	Pink	Recent photo preferred for hair and make-up. Please still describe even if photo is sent.	
Blush Color	Natural	Red	Pink	_____	
Eye Shadow	<input type="checkbox"/> Yes	Color: _____		<input type="checkbox"/> No	
Nail Polish	<input type="checkbox"/> Yes	Color: _____		<input type="checkbox"/> Leave nails as is	
Rounded	<input type="checkbox"/> Yes	Straight		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Items will not be returned	

Hair Instructions

Facial Hair: <input type="checkbox"/> No - Shave Clean <input type="checkbox"/> Yes- Describe below: _____			Special Instruction: _____		
Leave on: Beard Goatee Mustache Sideburns	Shave: Beard Goatee Mustache Sideburns	Trim but don't shave: Beard Goatee Mustache Sideburns	Special request will need to be done by the family or a barber		
Hair Style: Comb: Comb Back (No volume) Bangs Comb Back w/ volume Wig Comb to the right Comb to the left	Part on: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Center	Curl Hair: <input type="checkbox"/> Back <input type="checkbox"/> Forward <input type="checkbox"/> Down	Hair Color (must be provided by family). For best results provide prior to embalming. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Arranger / Director : _____			Most recent update: _____		