

Funeral Directors Checklist

Section I Arrangements

Embalming Authorization and Disclosure Received
 Embalming Completed
 Family Arrangements completed by: _____
 Case Entered into Smart Director
 FTC "Statement of Funeral Goods & Services Selected" Completed
 Cremation Authorization Completed – How many Authorizations Needed? _____
 Payment Type _____ Payment Received _____
 Insurance Claims Needed Yes No Faxed/Emailed Yes (Date) _____
 Death Notice Yes No Billed to Mortuary Yes No Day to Run _____
 Newspaper Notified _____
 Newspaper Notified _____
 Newspaper Notified _____
 Post Obituary to walkermemorials.com _____ Facebook _____

Section II Arrangements

Clergy Notified _____
 Cemetery /Crematory Notified _____ Charges Billed to _____
 Burial Container Ordered _____
 Casket/Urn _____ In Stock _____ Ordered From _____
 Casket Re-Ordered (If Stock)
 Burial Clothing _____
 Dressed by: _____
 Hairdresser Appointment _____
 Headstone/Engraving Ordered _____
 Headstone Moved by: _____
 Voice Recording of Funeral Services _____
 Slide Show Completed _____

Section III Documents

Death Certificate Information Entered in EDEN
 Death Certificate to Doctor's office (if doctor is not on EDEN system)
 DC Filed & Certified Copies Obtained
 Death Certificates Given to: _____
 Burial/Cremation Permit Completed _____
 Aftercare Information Given to Kelli
 Funeral Programs: Style Ordered _____
 Register Book Style _____

Section IV Automobile Arrangements

Flower Van
 Funeral Coach
 Limo

Section V Veterans Arrangements

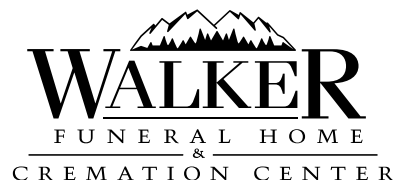
Military Rites Arranged for Through _____
 Veteran Flag Obtained
 Veterans Claims Completed
 Veterans Headstone Ordered

Section VI Post Service Follow Up

Laminations _____ Temporary Marker _____
 Complete Case Summary

187 South Main Street
 Spanish Fork, Utah 84660

Phone (801) 798-2169
 Fax (801) 798-0733
 www.walkermemorials.com
 Email: mail@walkerspanishfork.com



Funeral Arrangements

587 South 100 West
 Payson, Utah 84651

Phone (801) 465-3846
 Fax (801) 465-2507
 www.walkermemorials.com
 Email: mail@walkerpayson.com

Deceased (Full Legal) Name: _____

Nick Name _____
 Address _____
 City _____ County _____
 State _____ Zip Code _____
 Decedent's Race _____ Citizen _____
 Sex: Male Female

Education: 8th Grade or Less 9th-12th, no diploma
 High School Graduate/ GED Some College Credit, no degree
 Associate's Degree Bachelor's Degree Masters Degree
 Doctorate Degree

Social Security Number _____
 Date of Birth _____ Age _____
 Birthplace (City and State) _____
 Father's Full Name _____
 Mother's Full Maiden Name _____

Marriage Information

Marital Status Never Married Married Widowed
 Divorced Married, but separated Unknown
 Spouse _____
 Date of Marriage _____
 Place of Marriage _____
 Spouses Date of Death/Divorce, If applicable _____
 Previous Spouse(s) Yes (list in notes) No

Occupation Information (List One)

Decedents Usual Occupation _____
 Kind of Business or Industry _____
Veteran or Military Service No Yes
 Branch of Service _____
 War Served In: _____
 Proof of Military Service (Discharge Papers) _____

Next of Kin or Person Providing Information

Next of Kin _____
 Address _____
 City _____
 State _____ Zip Code _____
 Relationship to deceased _____
 Phone _____ Cell _____
 Email _____

Informant _____
 Address _____
 City _____
 State _____ Zip Code _____
 Relationship _____
 Phone _____ Email _____

Mortuary File Number _____

Date of Death _____
 Time of Death (24hr Clock) _____
 Place of Death _____
 If Hospital Inpatient ER/Outpatient DOA
 Address _____
 City _____
 County _____ State _____ Zip _____

Doctor Information

Certifier of Death Certificate _____
 Hospice Group (If Applicable) _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____

Funeral Service Information

Day & Date _____
 Time _____
 Place _____
 Address _____
 City _____
 Bishop _____ Phone _____

Viewing Information

Day _____ Hour _____
 Place _____
 Day _____ Hour _____
 Place _____

Final Disposition

Burial Entombment Cremation Donation Other
 Day and Date of Disposition _____
 Cemetery/Crematory _____
 City _____
 Opening and Closing Fees Paid by _____
 Headstone in Place? _____ Moved by _____
 Disposition of Cremated Remains _____
 Cremation/Transit Permit - No Yes

Notes

