

DECEASED COFFINED BY

| | | | |
|-------------|------------------------------|----------|----------|
| Signed: | Date: | | |
| Print Name: | CHECKS COMPLETED | Initials | Initials |
| Signed: | Identification of Deceased | | |
| Print Name: | Jewellery / Personal Effects | | |
| | Coffin Type / Size | | |
| | Coffin Name Plate | | |
| | Special Instructions | | |

COFFIN CLOSED / SEALED BY

| | | | |
|-------------|------------------------------|----------|----------|
| Signed: | Date: | | |
| Print Name: | CHECKS COMPLETED | Initials | Initials |
| Signed: | Identification of Deceased | | |
| Print Name: | Jewellery / Personal Effects | | |
| | Coffin / Size: | | |
| | Coffin Name Plate | | |
| | Special Instructions | | |

FINAL CHECKS BY

Do NOT complete this on behalf of another member of staff.

| | | | |
|-------------|------------------------------|----------|----------|
| Signed: | Date: | | |
| Print Name: | CHECKS COMPLETED | Initials | Initials |
| Signed: | Identification of Deceased | | |
| Print Name: | Jewellery / Personal Effects | | |
| | Coffin Type: | | |
| | Coffin Name Plate | | |
| | Special Instructions | | |

| | | |
|---------|-------------|-------|
| Signed: | Print Name: | Date: |
|---------|-------------|-------|

When finished this document should be scanned to file & destroyed

DECEASED TRACKING RECORD

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| DECEASED SURNAME | | | | | |
| DECEASED FORENAME(S) | | | | | |
| Date of Death | Day | Month | Year | Age | Sex |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="M"/> / <input type="text" value="F"/> |
| Religion | | | | | |
| <input type="text"/> | | | | | |

| | | | |
|---|----------------------|---|----------------------|
| Place of Death | <input type="text"/> | | |
| Brought into Our Care From | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Town | <input type="text"/> | Post Code | <input type="text"/> |
| Cleared for removal | | Fiscal / Coroner | |
| <input type="text" value="Y"/> / <input type="text" value="N"/> | | <input type="text" value="Y"/> / <input type="text" value="N"/> | |

Deceased identified and released into our care by (confirmation and instruction of all jewellery and personal effects listed.)

| | |
|-------------|------------------------------|
| Signed: | Date: |
| Print Name: | Relationship / On behalf of: |

DECEASED BROUGHT INTO OUR CARE BY

BRANCH NAME & DECEASED REF NUMBER:

We hereby confirm that the above named deceased has been identified to us by the person named above and we accept the deceased into our care.

| | | | | |
|----------------------------|----------------------|----------------------|----------------------|----------------------|
| Date: | Print Name: | Signature: | Print Name: | Signature: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Removed to (BRANCH NAME) : | | | | |
| <input type="text"/> | | | | |

When finished this document should be scanned to file & destroyed

JEWELLERY AND PERSONAL EFFECTS

| Description of item | Client Instruction | Action Taken |
|---------------------|--------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

CLOTHING

| Description of item | Client Instruction | Action Taken |
|---------------------|--------------------|--------------|
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| | | |
| | | |
| | | |
| | | |
| | | |

ITEMS RECEIVED AFTER BRINGING DECEASED INTO OUR CARE

| Description of item | Client Instruction | Action Taken |
|---------------------|--------------------|--------------|
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| | | |
| | | |
| | | |

TRANSFER OF DECEASED BETWEEN BRANCH LOCATIONS

| | | | | |
|-------|------------|----------|------------|----------|
| From: | | To: | | |
| Date | Print Name | Initials | Print Name | Initials |
| From: | | To: | | |
| Date | Print Name | Initials | Print Name | Initials |
| From: | | To: | | |
| Date | Print Name | Initials | Print Name | Initials |

EMBALMED/ PREPARED BY

Embalmer's Instructions
Checked – Clear to Embalm

Initials

First Offices/
Features Set

| | |
|----------|----------|
| YES / NO | Initials |
|----------|----------|

Cosmetics

| | |
|----------|----------|
| YES / NO | Initials |
|----------|----------|

EMBALMED

| | |
|----------|----------|
| YES / NO | Initials |
|----------|----------|

DRESSED BY

Instructions Checked

Initials

Own Clothes / Gown

| | | |
|------|------------|--------|
| Date | Print Name | Signed |
|------|------------|--------|

| | | |
|------|------------|--------|
| Date | Print Name | Signed |
|------|------------|--------|