

Funeral Service/Graveside Intake Form

Name: _____

Address: _____

Date of Death: _____ Age _____ (DOB) _____

Funeral Home: _____ Celebrant: _____

Cemetery: _____ Cremation: Y/N _____

Calling hours: _____

Funeral Service (Day/Date): _____ Time of Service: _____

Graveside only: (Day/Date/Time) _____

Next of Kin / Name/Address: _____

Phone Number: _____

Office only:

- List Funeral Service/Graveside on the Google Calendar
- Print and attach obituary