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**At-death Intake Form**

**Contacted by:**

Last name: First name:

Phone: Email:

**Decedent’s Last name: Middle name: First name:**

**Aka’s:**

**Briefly, what are the circumstances of death? (hospice/unexpected etc)**

**How can we help? Immediate needs (prior to in-person conversation), does caller understand we are a “natural funeral business”? If not, explain.**

**Open to meeting with a Natural Funeral Director in person?**

**If yes, address and time of where to meet:**

**Other details about death** – if there is a request to remove the body soon:

**Faith/spiritual tradition?**

**Current location of decedent**:

Street

City County State Zip

Floor: Room# Phone#

Residence Inpatient ER Nursing Home

Hospice Facility Morgue Other

**Have the authorities/coroner been notified?** Y N (If the patient was not on hospice.)

**Has the pronouncement of death occurred?**

**Has the coroner released the body for removal (if this is requested)?**

**Specials details of access for removal of decedent’s body**: stairs, elevator, etc.

**Place of death:**

**County of death:**

**Name of certifying physician (if not coroner case):**

Address

Street City State Zip:

Phone Email Fax

Date of death Date of Death Faith/Spiritual community?

**Pacemaker?** Y/N

**Immediate next of kin:**

Last name First Middle

Relationship

Address

Street City State Zip

**Immediate next of kin:**

Last name First Middle

Relationship

Address

Street City State Zip

**Immediate next of kin:**

Last name First Middle

Relationship

Address

Street City State Zip

If more immediate next of kin, please use a separate sheet to record the information.

**Designated agent** if not next of kin, is there a designated agent form, esp. for cremation? Y N

Last name First Middle

Relationship

Address

Street City State Zip

**TNF staff member initially contacted:**

**Date:**

**Time:**

**Please note any special instructions below or on new sheet.**