

SOSSOMAN FUNERAL HOME

PHONE: 828-437-3211 FAX: 828-437-8360

BASIC INFORMATION

ID#: _____ INDEX#: _____ AGE: _____ M / F ARRANGEMENTS DATE: _____ TIME: _____

MEDIA NAME: _____

D.C. NAME: _____ MAIDEN: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ LIMITS: Y / N COUNTY: _____

MAIL ADD: _____

DATE OF DEATH: _____ DAY: _____ TIME: _____ PM / AM

LENGTH OF ILLNESS _____

PLACE OF DEATH: _____ COUNTY: _____ LIMITS: Y / N

CITY: _____ STATE: _____ ZIP: _____ IN / ER / DOA / NH / RES / OTHER

CONTACT INFORMATION

INFORMANT: _____ MAIDEN: _____ RELATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: _____

SERVICES

SERVICE: _____

DAY: _____ TIME: _____ DATE: _____

CLERGY: _____ CONTACTED: Y / N

CEMETERY: _____ CITY: _____ ST: _____ ZIP: _____

DATE: _____ TIME: _____ LOCATION: _____

GRAVE OPENED BY: _____ CONTACTED: Y / N TENT: Y / N _____

MILITARY/MASONIC RITES: Y / N _____ CONTACTED: Y / N

CREMATORY: _____ CITY: _____ ST: _____ ZIP: _____

RECEIVE FRIENDS AT: _____ DAY: _____ FROM: _____ TO: _____

LIE IN STATE: _____ FROM: _____ TO: _____

FAMILY AT RESIDENCE: _____

MEMORIAL CONTRIBUTIONS: _____

FUN. DIR: _____ LICENSE #: _____ EMB: _____ LICENSE #: _____

FIRST VISIT DAY: _____ TIME: _____ CASKET OPEN / CLOSED AUTHORIZED TO RELEASE INFO: Y / N

PALLBEARERS

OBITUARY NOTICES

| | | | | | | |
|--------------------------|------|------|-----------------------|-----|-----|---------------|
| NEWS HERALD | PAID | FREE | NH NOTICE Y / N _____ | | | |
| HICKORY DAIL | PAID | FREE | PIC: Y / N _____ | | | |
| CHARLOTTE OBS | PAID | FREE | PIC: Y / N _____ | | | |
| CATAWBA VALLEY | | FREE | PIC: Y / N _____ | | | |
| WMNC | SUN | MON | TUE | WED | THU | FRI SAT _____ |
| WCIS: Y / N OTHER: _____ | | | | | | |

BURIAL ASSOCIATION: Y / N

NAME: _____
ACCT#: _____ AMOUNT: _____
DATE MAILED TO OTHER FH: _____

DOCTOR INFORMATION:

DOCTOR / M.E. : _____ PHONE #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
OF COPIES: _____ DATE DEL. OR MAILED: _____ FILED: _____ ORD. BY MAIL: _____

CASKET:

_____ MFG: _____ MFG ID: _____
COLOR: _____ INTERIOR: _____ MATL: _____ PRICE: _____

VAULT:

_____ ORDERED FROM: _____
COLOR _____ TAKEN BY: _____ PRICE: _____

HOME EQUIPMENT:

REG. STD: Y / N BK. AT HOME: Y / N D. BDG: Y / N R. SGS: Y / N CHRS: Y / N #: _____
DELIVER: Y / N ADDRESS: _____

MERCHANDISE:

REG BOOK: Y / N TEMP MARK: Y / N ACK CARDS: #44 _____ #246 _____ CUSTOM _____
LIMO: Y / N SCHEDULE: _____

MEM FOLDS:

CLOTHING:

_____ STYLE: _____ REORDERED BY: _____

HAIR:

FLOWERS:

MUSIC:

TRANSFER INFORMATION

SHIP / REC FH: _____ PHONE #: _____ FAX #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
AIRLINE: _____ PHONE #: _____ DATE: _____ PRICE: _____
LEAVING: _____ FLIGHT#: _____ TIME: _____ ARRIVING: _____ TIME: : _____
LEAVING: _____ FLIGHT#: _____ TIME: _____ ARRIVING: _____ TIME: : _____

NOTES:

PERMISSION TO RELEASE INFORMATION:

I, _____, **DO / DO NOT** GIVE PERMSSION FOR SOSSOMAN FUNERAL HOME AND ITS EMPLOYEES/REPRESENTATIVES TO RELEASE ANY NAMES, ADDRESSES, AND/OR PHONE NUMBERS LISTED WITHIN THIS DOCUMENT TO PERSONS WHO MAKE SUCH INQUIRIES.

SIGNATURE _____

DATE _____

CHECK-LIST

(INITIAL WHEN COMPLETE)

| | |
|--|---------------------------------------|
| | FAMILY CONTACTED TO MAKE ARRANGEMENTS |
| | ESCORT REQUESTS |
| | ORDER CASKET: BY: _____ DATE: _____ |
| | ORDER VAULT: BY: _____ DATE: _____ |
| | FLAG APPLICATION |

| | |
|--|-----------------|
| | PAID OBITUARIES |
|--|-----------------|

| | |
|--|-----------------|
| | FREE OBITUARIES |
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| | |
|--|------------------|
| | RADIO OBITUARIES |
|--|------------------|

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|--|-------------|
| | OBIT TO WEB |
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| | OBIT TO ANSWERING SERVICE |
|--|---------------------------|

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|--|----------|
| | DOORSIGN |
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| | MEMORIAL BOARD |
|--|----------------|

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| | NOTIFICATION OF DEATH |
|--|-----------------------|

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|--|------------------------------|
| | SOCIAL SECURITY NOTIFICATION |
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|--|-------------------|
| | DEATH CERTIFICATE |
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| | |
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| | BODY TAG |
|--|----------|

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| | CREMATION AUTHORIZATION or BURIAL TRANSIT PERMIT |
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|--|----------------------|
| | REGISTER BOOK INSERT |
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|--|---------------------|
| | REGISTER BOOK PAGES |
|--|---------------------|

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| | MEMORIAL FOLDERS |
|--|------------------|

| | |
|--|--|
| | LAM: TYPE: _____ VERSE: _____ PIC: Y / N |
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| | |
|--|--------------------|
| | CANDLE TYPE: _____ |
|--|--------------------|