First Call / Vitals Form

Call date | Call time | *Caller:* First name | *Caller:* Last name | *Caller:* Relationship

Location of death: ☐ *Residence* ☐ *Hospital* ☐ *Nursing home* ☐ *Hospice* ☐ *Assisted living* ☐ *Other*

First name | Middle name | Last name

Location of death: Name | *Location of death:* Address | City | State | Zip

Doctor name | Doctor phone

Date of death | Time of death | Date of birth | Social Security Number

Race | Sex: ☐ *Male* ☐ *Female* | Weight | Marital status

NOK: First name | *NOK:* Last name | *NOK:* Relationship

NOK: Phone | *NOK:* w/ decedent ☐ *Yes* ☐ *No*

Location of remains ☐ *Same as location of death* ☐ *Other* _____

Transfer Auth: First name | *Transfer Auth*: Last name | *Transfer Auth*: Relationship

Embalm Auth: First name | *Embalm Auth*: Last name | *Embalm Auth*: Relationship

Arrangement date | Arrangement time | Arrangement with

Notes: