

## Body Check List:

At the beginning of the call when you are checking the body, one person should be at the head of the DCD, the other at the feet.

The person at the head should be working his/her way down the body following this list while the person at the foot will be listing everything found on the DCD:

1. Start at the head of the DCD and check for earrings, necklaces or any facial piercings
2. Check to see if DCD has any shirt pockets and carefully check for any belongings
3. Move shirt again to check for unseen necklaces, scapula's, etc
4. Check pockets of DCD for any personal items or money
5. Make sure to log belts, keys, phones and any items found in front/back pockets
6. Check the hands of the DCD. Open them or slide your hand into theirs and check for rings, watches, bracelets, etc.
7. Log any shoes, socks, check for toe rings, & possible ankle bracelets
8. Turn DCD over and check back pockets

Now switch with whoever is on the call with you and have them check the body following the list as you make sure everything listed is on the Personal Items Sheet.

Any money found should be counted AT LEAST 2 times with the person on call with you and the officer/nurse on scene and signed off on by both. Any jewelry should be noted in the appropriate manner making sure not to list anything as diamonds, gold, silver etc. It should be listed as the color metal (White, yellow, gray) and the color of the stone (clear, red, white) EX: Yellow metal ring with 2 clear stones.

Employees

Date

# Initial Notification

Case ID# \_\_\_\_\_

**Funeral Home Name** \_\_\_\_\_ **Loc. #** \_\_\_\_\_

Call received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ AM ☐ PM

Name of person calling \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

**Name of Decedent** \_\_\_\_\_ Gender: ☐ Male ☐ Female  
 (LAST, First Middle)

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Street City State/Province Zip/Postal Code

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ ☐ AM ☐ PM Approx. Weight \_\_\_\_\_ Veteran? ☐ Yes ☐ No

***For Infant/Fetal Decedents Only (only one of the following is required):***

Mother's Name \_\_\_\_\_  
 (LAST, First Middle)

Father's Name \_\_\_\_\_  
 (LAST, First Middle)

**Location of Decedent** \_\_\_\_\_ Floor \_\_\_\_\_ Room # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_  
 Street City State/Province Zip/Postal Code

☐ Residence - If at residence, have local authorities been contacted? ☐ Yes ☐ No

☐ Inpatient ☐ ER ☐ Nursing Home ☐ Hospice ☐ Morgue

Is the above the place of death? ☐ Yes ☐ No

If No, what was the place of death? Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Street City State/Province Zip/Postal Code

Medical Examiner/Coroner case? ☐ Yes ☐ No County/Office Name \_\_\_\_\_

Was Decedent under Hospice Care? ☐ Yes ☐ No Hospice Agency \_\_\_\_\_

Has Decedent been released? ☐ Yes ☐ No

Are any stairs/obstacles involved for the removal? ☐ Yes ☐ No If so, what? \_\_\_\_\_

Is the family present? ☐ Yes ☐ No

Name of Certifier/Physician/ME \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_  
 Street City State/Province Zip/Postal Code

**Next of Kin** \_\_\_\_\_ Relationship \_\_\_\_\_  
 (LAST, First Middle)

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 Street City State/Province Zip/Postal Code

Email Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

Is this the person to contact for making arrangements? ☐ Yes ☐ No

If no, then who? \_\_\_\_\_ Phone \_\_\_\_\_

**Special Instructions:**

# AUTHORIZATION TO EMBALM

Name of Decedent (the "Decedent") \_\_\_\_\_  
LAST, First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Case ID # \_\_\_\_\_

Name/Loc. # of Funeral Home (the "Funeral Home") \_\_\_\_\_

I hereby authorize the Funeral Home, including its agents and associates, to embalm, care for and prepare for disposition of the body of the Decedent, in accordance with its customary practices. I acknowledge and agree that this authorization permits the Funeral Home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any person rendering such services is allowed to perform such work under applicable law. I further acknowledge and agree that the embalming, care, and preparation for disposition authorized hereby may be performed at the Funeral Home's facility or at another facility equipped to provide such services. I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and associates from any and all liability or claims which may arise as a result of this *AUTHORIZATION TO EMBALM* or any action taken in accordance herewith.

## **Verbal Authorization:**

Authorization received from:

Printed Name of Authorizing Representative Relationship to Decedent Phone Number

Authorization received by:

Printed Name of Company Associate Signature of Company Associate Date and Time

## **Written Authorization and/or Confirmation of Verbal Authorization:**

Printed Name of Authorizing Representative Relationship to Decedent



Signature of Authorizing Representative Date

Printed Name of Funeral Home Representative Signature of Funeral Home Representative

### **If no permission can be obtained, complete the following:**

I hereby acknowledge that the Funeral Home has made a reasonable and diligent effort (documented below) and exhausted all resources to obtain authorization to embalm the Decedent. Listed below are the names, telephone numbers and relationship to the Decedent of each person we attempted to contact for authorization and the date and time each such attempt was made.

Name Relationship to Decedent Phone #

Name Relationship to Decedent Phone #

Name Relationship to Decedent Phone #

Printed Name of Funeral Home Representative Signature of Funeral Home Representative Date

# Witness of Removal

Name of Decedent (the "Decedent") \_\_\_\_\_  
LAST, First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Case ID# \_\_\_\_\_

Name/Loc. # of Funeral Home (the "Funeral Home") \_\_\_\_\_

Date of Removal \_\_\_\_\_ Time of Removal \_\_\_\_\_ ☐ AM ☐ PM

Place of Removal \_\_\_\_\_

## Decedent Confirmation and Acceptance by Removal Personnel

Does the Decedent have any (non-SCI) identification? ☐ Yes ☐ No

Does the (non-SCI) identification agree with the Decedent's name? ☐ Yes ☐ No ☐ N/A

Describe any (non-SCI) body tag or identification \_\_\_\_\_

Print Decedent name as shown on any (non-SCI) body tag or identification:

\_\_\_\_\_

**The undersigned hereby confirms that he/she affixed an identification band bearing the name of**

\_\_\_\_\_ (the "Decedent")

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Remarks \_\_\_\_\_

## Witness of Removal

The undersigned hereby confirms that he/she witnessed the removal of the remains of the Decedent by representatives of the Funeral Home, on the date and at the place identified above. The undersigned further confirms that he/she knows the remains to be those of the Decedent. The undersigned further acknowledges that he/she witnessed the placement of an identification band on body identified above by representatives of the Funeral Home.

Print Name \_\_\_\_\_

Signature\*  \_\_\_\_\_ Date \_\_\_\_\_

**\*To be signed by someone other than funeral home or removal service personnel.**

Decedent Name 

LAST,FirstMiddle

Date

Date of BirthDate of DeathCase ID#

Funeral Home Name/Loc# (the "Funeral Home")


IF NO PERSONAL EFFECTS CHECK THIS BOX <input type="checkbox"/>			DISPOSITION					
Item #	Qty	Item Description	Bury or Cremate with Decedent	Place with cremated remains	Destroy	Ship	Return to Family	Placement Notes
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Acknowledgement at Receipt (when personal effects are taken into Company custody)

The items listed above have been transferred to the custody of the Funeral Home, and I certify that I have the right to make this authorization and I agree to assume any and all liability for these items. I further agree to hold the Funeral Home harmless for any and all liability of said authorization in the event of any damage to or loss of these items.

Printed Name of Releasing Agent/Next-of-Kin

Printed Name of Receiving Company Associate or Agent



Signature of Releasing Agent/Next-of-Kin

Signature of Receiving Company Associate or Agent

Acknowledgement of Transfer from Location to Location on (date)

Items transferred (write item # of each):

Transferred from (printed name)

Transferred to (printed name)

Transferred from (signature)

Transferred to (signature)

Acknowledgement of Transfer from Location to Location on (date)

Items transferred (write item # of each):

Transferred from (printed name)

Transferred to (printed name)

Transferred from (signature)

Transferred to (signature)

Acknowledgement of Transfer from Location to Location on (date)

Items transferred (write item # of each):

Transferred from (printed name)

Transferred to (printed name)

Transferred from (signature)

Transferred to (signature)

# Chain of Custody and Identification Confirmation

Name of Decedent (the "Decedent") \_\_\_\_\_  
LAST, First Middle  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Case ID# \_\_\_\_\_  
Name/Loc. # of Funeral Home \_\_\_\_\_  
Name/Loc. # of Crematory (if applicable) \_\_\_\_\_  
*Record When Known or N/A:*  
Metal ID Disc # \_\_\_\_\_ Type of Cremation/Shipping Container or Casket \_\_\_\_\_

Each of the undersigned below hereby confirms that, upon taking custody of the remains (human or cremated remains) of the Decedent, he/she physically inspected the white identification band or Metal Identification Disc (#) confirming that the remains were identified as the Decedent.

(Where state or provincial law or local law prohibits (or a non-SCI crematory declines) the opening of the cremation container, the Company associate, representative or agent will verify the name matches on all accompanying paperwork to the name written on the cremation container or the casket identification tag.)

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody						Final ID Check? <input type="checkbox"/>	
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody						Final ID Check? <input type="checkbox"/>	
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody						Final ID Check? <input type="checkbox"/>	
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody						Final ID Check? <input type="checkbox"/>	
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody						Final ID Check? <input type="checkbox"/>	
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

# Chain of Custody and Identification Confirmation

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody							Final ID Check? <input type="checkbox"/>
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody							Final ID Check? <input type="checkbox"/>
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody							Final ID Check? <input type="checkbox"/>
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

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Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
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Reason for Custody							Final ID Check? <input type="checkbox"/>
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

Name and Title of Person Confirming Identification and Taking Custody							
Signature		Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Reason for Custody							Final ID Check? <input type="checkbox"/>
Location of the Decedent (Loc. #)				Number of Urn Containers (if applicable)			

# Initial Condition Analysis

Name of Decedent (the "Decedent") \_\_\_\_\_  
LAST, First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Case ID# \_\_\_\_\_

Name/Loc. # of Funeral Home (the "Funeral Home") \_\_\_\_\_

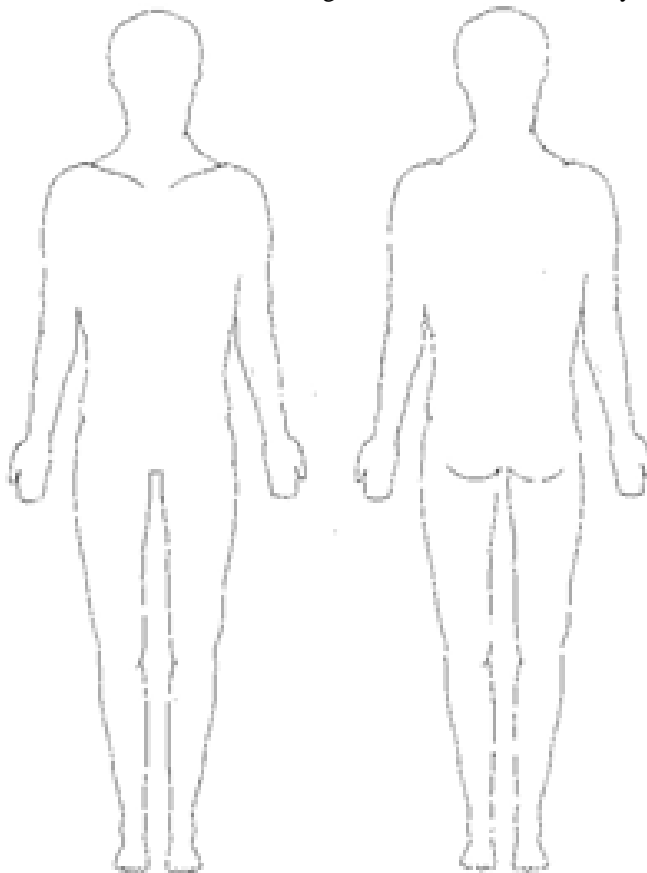
## Physical Analysis:

Gender: ☐ Male ☐ Female Facial Hair: ☐ Stubble ☐ Beard ☐ Mustache ☐ Goatee ☐ None

Estimated Weight: \_\_\_\_\_ Estimated Height: \_\_\_\_\_ Elbow to Elbow Width: \_\_\_\_\_

Condition of Casket: ☐ Undamaged ☐ Damaged (describe): \_\_\_\_\_

Autopsy: ☐ Full ☐ Thoracic ☐ Abdominal ☐ Cranial Organ Donor: ☐ Skin ☐ Eyes ☐ Bone ☐ Internal Organs



A. Amputation  
B. Autopsy Incision  
C. Birthmark  
D. Bone Harvest Incision/Area  
E. Burn  
F. Cast  
G. Catheter, IV  
H. Catheter, Urinary  
I. Decomposition  
J. Decubitus Ulcers  
K. Dehydration

L. Discolorations  
M. Ecchymosis (no swelling)  
N. Edema  
O. Emaciation  
P. Gas  
Q. Hematoma (swollen)  
R. IV Leak  
S. Jaundice  
T. Livor Mortis  
U. Odor  
V. Open Sores

W. Organ Donation Trauma  
X. Radioactive Device  
Y. Purge  
Z. Rigor Mortis  
AA. Scar  
BB. Skin Slip  
CC. Skin Harvest Area  
DD. Surgical Incision  
EE. Surgical Staples  
FF. Swelling  
GG. Tattoo

HH. Tissue Donations  
II. Tracheotomy  
JJ. Traumatic Wound  
KK. Tumor  
LL. \_\_\_\_\_  
MM. \_\_\_\_\_  
NN. \_\_\_\_\_  
OO. \_\_\_\_\_  
PP. \_\_\_\_\_

Print Name of Funeral Home Representative

Signature of Funeral Home Representative

Date



# Personal item checklist:

Decedent:\_\_\_\_\_

Funeral Home:\_\_\_\_\_

DOB:\_\_\_\_\_ DOD:\_\_\_\_\_

- ❖ **Has the descendant been inspected for personal items**
- ❖ **Have all pockets been inspected**
- ❖ **Are there any jewelry (necklaces,rings, rosary, etc...)**
- ❖ **Are there any dentures, mouth guards, partials, etc...**
- ❖ **Are there any monies, I.D's, cards, etc...**
- ❖ **Was decedent placed in bag, box, and checked again for personal items**

Employees:\_\_\_\_\_

Date:\_\_\_\_\_