TIME OF DEATH

First Steps

Priority Family Member to be called:

Name: _____

Relationship: _____

Contact Phone: _____

Contingent Family member to Be called

Name: _____

Relationship: _____

Contact Phone: _____

Funeral Home to be called

Name: _____

Contact Phone: _____

Note (state if you have made any prepayments with funeral home or made any prior arrangements with them)

_____

_____

Clergy to be called

Name: _____

Contact Phone: _____

Employer

Name: _____

Contact Phone: _____

Organ Donation Information

_____I have not authorized any anatomical (organ or tissue) gifts in any of my documents.

_____ I have authorized anatomical (organ or tissue) gifts in my (e.g., “living will, Advanced Directives, last will and testament, etc”)

_____