

How did family find out about GC?

Funeral Director _____

License Number _____


GEORGIA
CREMATION
Arrangement Worksheet

_____ Date of Arrangement

GC# _____

CID# _____

Name _____ Maiden _____ Nickname/Alias _____

Age ____ Sex _____ DOB _____ DOD _____ SSN _____

Race _____ Hispanic? Yes No Specify: _____ Asian? Yes No Specify: _____

Birthplace City/State and Country: _____

Address _____ Zip _____

City _____ County _____ State _____

Country _____ Inside City Limits Yes No Unknown

Occupation _____ Industry _____ Employer _____

Marital Status Married Divorced Widowed Married, But Separated Never Married Unknown

Spouse's Name with Maiden Name _____

Mother's Name with Maiden Name _____

Father's Name _____

Highest Level Education (Grade Specific) _____ Some College Associate's Bachelor's Master's PhD.

Informant Name _____ Relationship _____ Email _____

Informant Address _____ Phone _____

Place of Death _____ City of Death _____ TOD _____

Facility Address _____ County _____

Inpatient Emergency Room DOA _____ Embalmer's Name/License No. _____

Hospice Nursing Home Decedent's Home Other Unknown Autopsy? Yes No

Burial Donation Cremation Entombment Removal from State Other

Place of Disposition _____ Date of Disposition _____

Address of Disposition _____

Disposition County _____ City/State _____

Pronouncer's Name _____ License No. _____

Doctor's Name _____ License No. _____

Doctor's Address _____ Fax No. _____

Armed Forces Yes No Branch of Service _____

Service No. _____ Rank _____

Date Entered _____ Date Separated _____