

Murray Funeral Home

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FIRST CALL

Our clients are important to us. When asking these questions, please keep in mind the client's emotional state of his or her family. If you perceive the client is not in the emotional position to continue the questionnaire, remember you can revise it at any time.

| | | |
|--------------------------|--------------------------------|----------------------|
| Caller's Name _____ | Relationship to the deceased | Phone # () |
| Deceased's Name _____ | Family Phone# | Age |
| SSN# | Cause of Death | Location of Deceased |
| Religion | Veteran's Info. | |
| Name of Physician | Verbal Authorization to Embalm | |

Additional information before the arrangement conference:

Special Jewelry? _____

Cosmetic Instruction _____

Should Media be informed? Yes No

Name of Insurance Company _____

Policy Number _____

Military Discharge Papers _____

Location of Service _____

Name of the Officiant _____