

What To Do If A Death Has Occurred

Since most deaths occur in health care institutions such as hospitals and nursing homes, the attending staff may provide you with some preliminary information. If the death occurs at home, please notify the physician or attending registered nurse (if the death was unexpected or if there are any peculiar circumstances, phone the Police immediately). If the deceased was under hospice care at home, they should have left some basic information for you to follow. No matter what circumstance, our brief checklist will help you along the way.

Please note that we do not have facilities for services. Any services must be at your church, synagogue or facility of your choice.

First Step: Initial Contact

- Contact Doctor, Nurse, Coroner or Police if necessary
- Contact us by phone at (407) 518-1416 – we are available 24 hours / day.
 - When you call, we will ask you these questions:
 - What is the full name of your loved one who died?
 - Where did your loved one die? And are they still at that location?
 - Who is the next of kin and what is their contact information?
 - What is your name and your contact information (if you are not the next of kin)?
 - Does your loved one have a pre-arrangements with our firm?

Second Step: Completing Cremation Arrangements

- Arrangements can be made online by visiting www.CremationCareProviders.com or please set an appointment with us for you to come to our office (or we can meet you at your residence or other location if you desire) to complete the details of the arrangements.
- For the arrangement, we will ask you to have information and items that we need to complete the arrangements such as:
 - Vital Statistical information for your loved one including:
 - Date and place of birth (city and state)
 - Parents names, including mother's maiden name
 - Marital status and spouse's full name
 - Education information
 - Social security number
 - Veteran's information including discharge papers / claim number
 - Pre-arrangement documentation (if applicable)
 - Cemetery lot documentation (if applicable)
 - A recent photograph
 - Clothing for your loved one
- Deciding on the location of the services if you choose to have a service – this can be at your church or other facility that is appropriate for hosting services. We do not have a facility for services.
- Contact the Clergy / Celebrant / Officiant who will be presiding at the service.
- Set the time for the service, if applicable.
- Choose the disposition for the deceased either burial, cremation or entombment

- Compose obituary with our assistance if you wish (there is no additional fee for this service) – the information needed includes: a photo, age, place of birth, list of surviving family members, list of predeceased family members (if desired), occupation, education, memberships, military service, hobbies and activities, the details of the service, donations to a particular charity (if desired) – again, we will help you with the obituary and post it on our website, plus submit it to any appropriate newspapers (if desired)
- Determine the number of death certificate copies that you will need and we will order them for you
- If you have a service, Identify family / friends to serve as pallbearers – people in poor health can be named honorary pallbearers

Third Step: After the Arrangements and Before the Service, If Applicable

- Prepare a list of family, friends and business colleagues to be notified – we will provide you with an email to be sent to them with all of the service and obituary information
- Notify all organizations such as church, groups and associations – we will provide you with an email for this purpose as well
- Start a notebook or list to keep a record of visitors, flowers and other gifts that are delivered to the house and place of service. – if anything is delivered to us in error, we will notify you right away
- People will let you know “Please let us know if there is anything that we can do” so be prepared (and don’t feel bad) to accept this generosity – make a list of items and tasks such as meals (let them know if there are any special food allergies), household duties (including cleaning or mowing the lawn) and transportation (for out of town family or friends or even picking up kids from school) – again don’t feel bad accepting this help, your friends want to help but usually don’t know what to offer
- Arrange for child care (if necessary) although we strongly suggest that all family members be present at the service, if applicable.

Fourth Step: After the Service, If Applicable

- Notifying the bank of the death
- Notifying insurance companies
- Contacting the lawyer if necessary
- Cancel credit cards and driver’s license, and submit phone number to Do Not Call lists
- Create a list of people and organizations to send thank you cards to – consider sending a copy of the memorial folder to those who were not able to attend the service.

If you have more detailed questions on what steps to take next or if you are ready for us to assist you, call (407) 518-1416 any time, day or night or please visit us at www.CremationCareProviders.com – we are here to help you.

Cremation Care Providers of Central Florida
info@cremationcarefl.com
(407) 518-1416

Cremation Planning Checklist

Recording Personal Information (See Funeral Information Sheet)

- Full legal name
- Residence
- Date of birth
- Place of birth
- Citizenship
- Personal Health number
- Social Insurance number
- Length of time in province
- Occupation
- Business or industry
- Marital status
- Spouse's full name
- Father's name
- Mother's maiden name
- Next of kin / Executor's full name
- Next of kin's address
- Next of kin's relationship
- Doctor's name & address

Making Service Choices, if having a Service

- Choose a cremation provider
- Set time & date of service
- Choose location of service
- Apply for burial permit
- Apply for death certificates
- Choose family viewing or visitation
- Decide if jewelry is to remain or return
- Supply clothing for deceased
- Select photographs to be displayed
- Select musical selections, hymns & solos
- Select scripture or literature to be read
- Compose & submit obituary
- Choose charity to direct donations to
- Display religious or fraternal items
- Arrange location & food for reception

Making Specific Selections

- Select cremation casket or cremation container
- Select cremation urn
- Choose cemetery
- Select cremation plot
- Decide whether above or below ground
- Select memorial grave marker & inscription
- Select memorial register
- Select memorial folders & acknowledgment cards
- Choose floral arrangement

Participants if having a Service

- Clergy or officiant
- Organist or other musical
- Pallbearers
- Family or friend to perform eulogy
- Family or friend to read scripture or participants

Transportation

- Transfer from place of death to crematory

Documents to Locate

- Will
- Deed to cemetery plot
- Birth certificate
- Marriage certificate
- Citizenship papers
- Insurance policies
- Bank documents
- Title to property
- Vehicle ownership
- Tax returns
- Military discharge papers

People to Contact

- Extended family & friends
- Doctor (G.P. or Specialist)
- Accountant
- Lawyer
- Employer
- Insurance agent
- Creditors
- Clubs, unions & organizations
- Financial advisor / banker
- Bereavement counselor if needed

Pay for the Following Services

- Cremation service
- Cemetery plot, perpetual care & interment fees
- Grave memorial, inscription & installation
- Service participants
- Newspapers
- Death Certificates
- Flowers
- Food / catering for reception
- Hospitals
- Ambulance

Personal Data of Deceased

- Elementary school attended
- High school attended
- University attended
- Military record
- Family & professional history
- Offices or positions held
- Accomplishments: personal & professional
- Citations
- Hobbies, activities and interests
- Charities & other special requests

Please note: the preceding list is only a guideline; actual arrangements will be unique to each individual.

Celebration of Life Planning Checklist

The First Step: Statistical Information		
Deceased's Surname:	Given Names:	
Address:		
City:	State:	Zip:
Marital Status:	Spouse's Name:	
Occupation:	Industry:	
Birthdate:	Birthplace:	
Father's Name:	His Birthplace:	
Mother's Name:	Her Birthplace:	
Executor:	Relationship:	
Address:		
City:	State:	Zip:
Phone:	Email:	
Other Contacts:	Phone:	
Other Contacts:	Phone:	
Other Contacts:	Phone:	
Doctor:	Phone:	
The Second Step: A Time To Honor And Remember - The Service, if you so choose to have one		
Service Location:	Clergy:	
Cremation	Details / Location:	
Circle all that apply: public visitation / private family viewing / witness cremation / reception		
Music 1:	Music 2:	
Solo:	Prelude / Postlude:	
Eulogist:	Readers:	
Other Participants:	Other Participants:	
Casket: Metal / Solid Wood / Cloth	Urn: Bronze / Steel / Solid Wood / Ceramic	
Notes:		

Cremation Care Providers of Central Florida: A Celebration of One's Life!

This worksheet should be filled in as a family group if possible. All blanks do not have to be filled in, this is only an outline and to be used as a guide to make the service as meaningful as possible. Please have it ready when planning with the person conducting the service (ie. Clergy, Officiant, etc.)

Nicknames	(from spouse)	(from parents)	(from children)
	_____	_____	_____
	_____	_____	_____
	(from grandchildren)	(from friends)	(from others)
	_____	_____	_____
	_____	_____	_____
Hobbies:	_____	_____	_____
	_____	_____	_____
Sports:	_____	_____	_____
	_____	_____	_____
Memberships	_____	_____	_____
	_____	_____	_____
Clubs, etc.:	_____	_____	_____

Favorites

Scriptures, Poems, etc.: _____ _____ _____ Hymns: _____ _____ _____ Vacation: _____ _____ Places: _____ _____ _____ Clothes: _____ _____ Outfits: _____ _____ Other Comments: _____	Books & Movies: _____ _____ _____ Music: _____ _____ _____ Retreat: _____ _____ Places: _____ _____ _____ Outings: _____ _____ Restaurants: _____ _____ _____
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Family and Friends Participation

Eulogy: _____ _____ _____ Singing: _____ _____ _____ Other: _____ _____	Readings: _____ _____ _____ Play Music: _____ _____ _____ Other: _____ _____
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Organizations That May Require A Death Certificate

Delivery time of the certified death certificate will vary by city, county or state.

- Probate court to probate the Will
- Insurance companies to claim or modify life, property, auto, mortgage contracts or annuities
- Land titles office to transfer real estate
- Motor vehicles office to transfer vehicles, RVs, boats, etc.
- Brokerage offices to transfer, redeem or liquidate investments and securities
- Financial institutions to transfer or liquidate accounts, bonds, safe deposit boxes, etc.
- Credit card companies to cancel credit cards and claim benefits
- Credit bureaus to file notice of death
- Social Security Administration to claim benefits
- IRS to file terminal tax returns
- Estate & trustee offices to complete estate settlement procedures
- Deceased's employer to claim benefits and final entitlements
- Pension providers to claim final benefits
- Membership, subscription or service providers to cancel services
- Professional offices to close files and cancel future appointments
- State / private health care offices to cancel coverage
- Social Security Administration to cancel SSN
- Passport office to return and cancel passport
- U.S. Post Office to forward mail and cancel P.O. Box
- Veterans Affairs / Administration to issue benefits

Estimated number of required Death Certificates: _____





Obituary Form

 MALE **FEMALE** **PHOTO** (email in 200 dpi JPG format to: info@cremationcareproviders.com)

_____, _____, of _____
(*first/middle/last name) (*AGE) required (*city/state of residence)

died _____ in _____ of _____.
(*month/day/year) *(city/state) (cause of death) optional

He/She was born _____, to _____ and _____
(*month/day/year) (father's first/last name) (mother's first/last name)

in _____.
(*city/state)

He/She attended school (educational information for high school / college) _____

He/She married _____ on _____ in _____.
(spouse's first name/maiden name) (month/day/year) (city/state)

He/She was a (occupations/companies/# of years) _____

He/She was a member of (fraternal organizations/church/community service) _____

He/She served in the _____ from _____ as a _____.
(branch of service) (dates of service) (rank/specialty)

***SURVIVORS**

He/She is survived by (spouse/partner – name/city/state) _____.

Daughters (first & last names/cities/states)

Sons (first & last names/cities/states)



Sisters (first & last names/cities/states)

Brothers (first & last names/cities/states)

Parents (first & last names/cities/states) _____

Grandparents (first & last names/cities/states) _____

Number of: Grandchildren ____ Great-grandchildren ____ Great-great-grandchildren ____

He/She was preceded in death by (spouse/partner/children – first & last names) _____

SERVICE INFORMATION

Private Services

Memorial services

Graveside services

Funeral Mass will be _____ at _____
(time/month/day/year) (location/city/state)

Burial

Entombment

Inurnment will be at _____ at _____
(time/month/day/year) (location/city/state)

Osceola Crematory, LLC of Kissimmee, Florida, are in charge of the cremation.

The family suggests that donations be made to _____
(name of charity or organization/city/state)