



Forms required when a death occurs

In this packet you will find several forms that must be filled out when a death occurs. We will use this information to file paperwork with the state, apply for the necessary permits, and take care of everything according to your wishes.

You may fill out these forms ahead of time if you wish and email them to us at info@aracremation.com, fax them to 913-232-8601 or bring them with you to meet with our staff. If you do not know the answer to a question, please leave it blank and we can help you with that part.

Before you begin, please give us a call at 913-232-7334. For legal reasons you must call us to report a death.

Vital Statistics Information

(This information will be used to fill out the death certificate)

Decedent's First, Middle and Last Name: _____

Sex: _____ Date of Death (mm/dd/yyyy): _____

Social Security Number: _____ Date of Birth: _____

City and State of Birth: _____

Was Decedent in U.S. Armed Forces? Yes No

Place of Death (please check only one)

Hospital

Inpatient

ER/Outpatient

DOA

Nursing Home

Decedent's Residence

Hospice Facility

Assisted Living Facility

Other (please specify): _____

Name of Facility where death occurred (or address if not a facility): _____

County of Death: _____ City or Town of Death: _____

Zip Code: _____

Marital Status

Married

Married but separated

Divorced

Never Married

Unknown

Surviving Spouse's name (if wife give maiden name): _____

Street Address of Residence: _____

County of Residence: _____ City or Town of Residence: _____

Zip Code of Residence: _____ Inside City Limits? Yes No

Father's First, Middle and Last Name: _____

Mother's First, Middle and Maiden Name: _____

Informant's First, Middle and Last Name: _____

Informant's Mailing Address (street and number, city, state, zip code): _____

Relationship to Decedent: _____

Method of Disposition:

Burial

Cremation

Removal from State

Donation

Entombment

Other (specify) _____

Place of Disposition (name of cemetery, crematory or other place): _____

Location (city, town or state) of Place of Disposition: _____

Funeral Service Licensee & License No.: _____

Name of Embalmer & License No.: _____

Ancestry - What is this person's ancestry or ethnic origin? Italian, German, Dominican, Vietnamese, Hmong, French Canadian, etc. (specify): _____

Hispanic Origin - Check the box or boxes that best describes whether the decedent is Spanish/ Hispanic/ Latino. Check the "no" box if the decedent is not Spanish/Hispanic/Latino.

- No, Not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Central American
- Yes, South American
- Yes, other Spanish/Hispanic/Latino(Specify)
- Unknown

Race – Check one or more boxes to indicate what race(s) the decedent considered him or herself to be.

- White
- Black or African American
- American Indian or Alaska Native
(Name of the enrolled or principal tribes) : _____
- Asian Indian
- Chinese
- Phillipino
- Korean
- Japanese
- Other Asian (specify): _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify): _____
- Other (specify): _____
- Unknown

Education – Check the box that best describes the highest degree or level of school completed at the time of death.

- 8th grade or less
- 9-12th grade; no diploma
- High school graduate or GED
- Some College credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- Unknown

Decedent's Usual Occupation – Give kind of work done during most of working life. Do not use retired.

Kind of Business/Industry – Do not give name of company: _____

Cremation Provider: AraCremation

CUSTOMER'S DESIGNATION OF INTENTIONS

NAME OF DECEASED: _____

CREMATORY: Shared Mortuary of Johnson County

MANNER OF DISPOSITION:

Return to Family (please list approved family members for pickup) _____

Shipment to (please provide address) _____

Other _____

Disposition of Cremation Designated by: _____

Cremation Container: _____

(Name of Funeral Director)

(Signature of Funeral Director)

Date

TO BE COMPLETED FOLLOWING CREMATION AND DISPOSITION OF REMAINS

The undersigned hereby certify that they have the legal right to take custody of the herein named deceased and have the full legal authority to make disposition of the cremated remains and hereby acknowledge receipt of the cremated remains of

Name: _____

CREMATED REMAINS RECEIVED BY:

(Date)

(Name)

(Signature)

(Relationship)

(Signature of Funeral Home Representative)

(Date)

(Time)

Cremation Provider: AraCremation

Address: 5695 W. 95th Street Overland Park, KS 66207

Directions on the Disposition of Decedent's Clothing

PARTIES:

“CREMATION PROVIDER”: AraCremation

“REPRESENTATIVE”: _____
(Name of Representative(s) –Use Reverse Side for Additional Names)

“DECEDENT”: _____
(Name of Decedent)

“RECIPIENT”: _____
(Name and Address of Recipient of Clothing)

RELATIONSHIP OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the CREMATION PROVIDER that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (Check the appropriate box)

Spouse

Next-of-Kin (Closest Living Relative)

Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf

Other: _____

AUTHORITY OF REPRESENTATIVE: The REPRESENTATIVE warrants and represents to the CREMATION PROVIDER that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

DIRECTIONS AS TO DISPOSITION OF CLOTHING: The REPRESENTATIVE directs the CREMATION PROVIDER to arrange for the disposition of clothing on the DECEDENT'S body as follows:

Return of the unwashed clothes to the RECIPIENT. If the clothes contain any blood or potentially infectious material, the clothes will be packed in biohazard bags and should only be handled by individuals wearing appropriate protective gloves and employing universal precautions.

Arrange to have the clothes laundered and return them to the RECIPIENT.

Donate the clothes to a charitable organization of the CREMATION PROVIDER'S choice.

Dispose of clothing at CREMATION PROVIDER'S discretion.

Other Directions: _____

IDENTIFICATION: The REPRESENTATIVES agrees that the CREMATION PROVIDER will assume no responsibility regarding the clothing of the DECEDENT, including but not limited to, loss or damage of the clothing, except in the case where the loss or damage is the sole result of the intentional act of the CREMATION PROVIDER or its employees. The REPRESENTATIVE acknowledges that the CREMATION PROVIDER had advised the REPRESENTATIVE of the risks of handling bloodstained or contaminated clothing and releases CREMATION PROVIDER from any liability therefrom. The REPRESENTATIVE also agrees to indemnify and hold harmless the CREMATION PROVIDER from any claims of action arising or related in any respect to this direction to dispose of clothing of the DECEDENT.

DATE: _____

SIGNATURE OF REPRESENTATIVE _____