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| **Embalmers and Funeral Directors Board of Newfoundland and Labrador****First Call Form** |
| **Name of Caller** |  |
| **Date of Call** |  | **Time of Call** |  |
| 1. **Deceased Information**
 |
| Name |  |
| Place of Death |  |
| Date of Birth |  | Date of Death |  |
| Permission to transfer the deceased | Yes |  | No |  |  |
| Permission to Embalm |  | Permission to Cremate |  |  |
| Do you have a Death Certificate | Yes |  | No |  |  |
| Name of Physician |  |
| 1. **Informant Information**
 |
| Name: |  |
| Relationship to Deceased |  |
| Address |  |
| Home Phone |  | Cell Phone |  |
| E-mail |  |
| Informant Signature |  |
| 1. **Name of Staff member who received the call**
 |
| Name |  |  |
| Funeral Director/ Embalmer Licence # |  |  |
| Signature |  |  |