|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | | | | | | | | | | | | | | | | | | |  | |