

Family Information Sheet

Fax - 719.623.0171

First, Middle Initial and Last Name _____ Gender _____

Date of Death _____ Social Security Number _____

Age _____ Date of Birth _____ Approximate weight _____

City and State of Birth _____ Ever in Military: Yes() No()

Occupation _____ Industry _____

Decedent's Address: Street and Number _____ City _____

County _____ State _____ Zip code _____ City Limits Yes () No()

Hispanic Origin No () Yes() Specify Race: _____

Years Education _____ Father's Name _____

Mother's Name (First) _____ (Last) **Maiden** _____

Place of Death: *Residence()* *Hos. Inpatient()* *Hospice()* *Er/Outpatient()* *Other()*

Facility Name _____ City _____

State _____ County _____ Zip code _____

Marital Status (Married) (Divorced) (Never married) (widowed) Spouse (maiden) _____

Informant's Name _____ Relationship _____

Address _____ City _____

State _____ Zip Code _____ Telephone # _____

Email _____ Alt/Email _____

Primary Doctor Name _____

Doctor Address and Telephone _____

Time of Death _____ ()AM () PM Was there an Autopsy_ ()Yes () NO

Did **Tobacco** Contribute to Death? Yes() No() ***IF FEMALE:***

Anything Else We Need To Know? _____

- () Not Pregnant within last year
- () Pregnant at time of death
- () Not Pregnant, But Pregnant within 42 Days of Death
- () Not Pregnant but was within 43 to 365 Days Prior
- () Unknown if Pregnant within Last Year

I Agree that the information above is accurate. I Assume all responsibilities and/or fees if changes are necessary.

Signature _____ Printed Name _____

Form for ACS only. NOT TO BE USED UN AUTHORIZED. NO REPRODUCTION. ACS file number jdf92310

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. _____ INITIALS

CREMATION WILL BE PERFORMED AT A THIRD PARTY LOCATION. I, THE UNDERSIGNED, HEREBY AUTHORIZE *Alternative Cremation* TO PROCEED AS FOLLOWS: CREMATE THE REMAINS OF: _____

I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation, and the disposal of the remains.

I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Home, their officers and employees from any liability, damage and/or loss of property, costs, expenses or claims resulting from this authorization. _____ INITIALS

I request that following cremation, the funeral home make disposition of the cremated remains as follows: (Return to Family or Scatter)

I specifically agree that if the said cremated remains are left in the custody of ACS for over 90 days, ACS may make whatever disposition of the cremated remains it deems appropriate. _____ INITIALS

I further state that the deceased has/has not had a heart pacemaker implanted, radiation producing implant device or any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Home, or others responsible, of such a device and understand it will be removed prior to the cremation process. I will be liable for any damages to the crematorium or injury to crematorium personnel. DESCRIPTION OF IMPLANTED DEVICE: Pacemaker Yes / NO Other: _____

Further Instructions and/or Requests:

I have Initialed all 3 spaces above, I have answered Yes or No to having a Pacemaker as asked above and have Completed all questions below Truthfully and under Perjury of Law.

Responsible party PRINT _____ Relationship _____

Responsible party SIGNATURE: _____

Telephone No's: Home Work/Cell _____

Address City/State/Zip Code _____

Driver License Number State: _____ Number: _____

Services Selection Form

This form is a services selection form in which you are choosing which services you would like our Funeral Home to perform. By selecting these services you are agreeing that you will have a financial obligation of some amount based on the services selected. You may refer to our website for full descriptions and/or item numbers. www.CremateDenver.com office 303-225-9277 fax 719-623-0171

1. \$595 #1 Direct Cremation (No Death certificates, Cardboard Temp urn, must be picked up in Colorado Springs)
2. \$695 #2 Simply A better Cremation (2 Death Certificates, Local delivery or mailing, transportation urn, Online obituary)
3. \$895 #3 Economy package (2 Death Certificates, Local delivery or mailing, Personalized Engraving Dark scattering urn, Online obituary)
4. \$1295 #4 Super media Package (Package #4 plus Service Folders or Bookmarks Memorial Guest Book, 18"x24" Foam Core Picture, 100 customized Service/Memorial Folders or Bookmarks & 2 Keepsake Sharing Urns.) 4 Day Lead Time
5. \$895 #5 Ft Logan Placement (direct drop to Ft Logan and 2Dc's)
6. \$950 #6 Ft Logan Commital (same as above but includes Booking Of Honors and Commital service)
7. \$1225 #7 Ft Logan Patriot package (same as #6 but includes American Urn)
8. Urn upgrade Specify Item _____ www.NiceUrns.com
9. Death Certificates: State Charge of \$20 and \$13 per order Total Quantity Needed _____
(2 death certificates included in packages #2, #3, #4 ,#5, #6, #7)
10. Standard or Rush cremation \$0 (7-14 Business days) \$350 Rush (4-6 Business Days)
11. Pacmaker Removal \$100
12. Obituary on our Web Site \$0.00 (obituary required in word format and .jpg image required please mail to Branden@crematecolorado.com)
13. Special instructions _____

Agreement to services selected Please Print Your Name _____ Initial _____

Alternative Cremation

*2377 North Academy Blvd
Colorado Springs, CO 80909
CremateDenver.com 303.225.9277
Fax - 719.623.0171*

BODY RELEASE

Name of Deceased: _____

Location of Deceased: _____

I/We, _____, Legal Next of Kin to the above named deceased, do hereby release his/her body and personal effects to Alternative Cremation Funeral Home located at the above address.

Signed this ____ day of _____, 20____.

Signature & Telephone No.

Address City/State/Zip

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