

RESIDENT TRAINEE FUNERAL DIRECTING CHECKLIST

CASE # _____ NAME OF DECEASED _____

DATE _____ NAME OF TRAINEE _____

FUNERAL DIRECTING ACTIVITIES

ARRANGING:

- 1. ____ At-need arranging
- 2. ____ Preneed arranging
- 3. ____ Imminent/pending death (hospice) arranging
- 4. ____ Observing sale of funeral service
- 5. ____ Attendance at funeral home
- 6. ____ Answering telephone or correspondence;
- 7. ____ Handling records and bookkeeping
- 8. ____ Caring for equipment & premises
- 9. ____ Preparing death notices/obituaries
- 10. ____ Making ship-in arrangements
- 11. ____ Making ship-out arrangements
- 12. ____ Preparing death certificate
- 13. ____ Obtaining physician's signature, securing permits, preparing VA or social security forms
- 14. ____ Witness/arranging cremation services
- 15. ____ Completing cremation authorization forms
- 16. ____ Identifying authorizing agent/next of kin
- 17. ____ Evaluating OCME jurisdiction

CEREMONY & DISPOSITION

- 1. ____ Assisting with funeral/memorial service/committal ceremony for casketed remains
- 2. ____ Assisting with funeral/memorial service/committal ceremony for cremated remains
- 3. ____ Receiving visitors
- 4. ____ Funeral procession and arranging
- 5. ____ Transporting survivors and clergy
- 6. ____ Checking & arranging flowers
- 7. ____ Making chapel arrangements

COMMENTS OR ADDITIONAL ACTIVITIES PERFORMED (attach documentation if applicable):

Signature of Trainee _____

Signature of Supervisor _____