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 ________________________________________

THIS CHECKLIST IS TO BE RETAINED BY THE TRAINEE AND IS SUBJECT TO REVIEW BY BOARD STAFF