

GENESIS FUNERAL HOME
5749 PEMBROKE RD. HOLLYWOOD, FL. 33023
OFFICE: (954) 962-3017 FAX: (954) 962-3019
Email: genesisfuneralhome@gmail.com

ARRANGEMENT WORKSHEET

Name: _____ Age: _____
First Middle Last

Date of Death: _____ Hour: _____

Decedents Address: _____
Street Address Apt #
_____ City/Town State/Zip County

Place of Death: _____
Hospital/Hospice Name Street Address Apt #
_____ City/Town State/Zip County

Sex: MALE FEMALE Race/Ethnicity: _____ If Hispanic Provide Origin _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____
MM DD YYYY (Provide City and State)

Fathers Full Name: _____ Mothers Full Name _____
(If Married Provide Maiden Name)

Marital Status: S M D W SEP Surviving Spouse Full Name _____
(If Female provide Maiden Name)

Occupation: _____ Type of Business: _____
(If Retired Provide Last or Usual Occupation)

Social Security Number _____ Education: 8 GRADE OR LESS GRADES 9-12 NO DIPLOMA GED OR H.S. DIPLOMA SOME COLLEGE NO DEGREE

Veteran: YES NO AS BA MA DOC UNKNOWN

Legal Next of kin/ Informant Name/Address: _____
Name Street Address Apt #
_____ City/Town State/Zip County

Phone: _____ Relationship: _____

Please review this form carefully, the information provided will be used for the completion of the death certificate and you will be responsible for any amendment, court or attorney fees necessary due to any incorrect/illegible information provided.

Name _____ Signature _____ Date _____

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Release of Remains Authorization

To Whom It May Concern At: _____
(Name of the Hospital or Residence Address)

This Is Your Authority To Release The Remains of:

(Deceased Name)

To Genesis Funeral Home & \$495 Cremation Center Inc. To Care For and Prepare For
Burial and/or Other Disposition.

X _____
Printed Name of Person Granting Authorization

Relationship

X _____
Signature of Person Granting Authorization

Date

Witness Signature

Date

Type of Service Selected: _____

Information For Medical Examiner Department Record	
Race: _____	Sex: _____
Date Of Birth: _____	Age: _____

Office us only:

Fax To: ME Hospital Pick Up Take

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Authorization for Embalming

The undersigned represents to Genesis Funeral Home & \$495 Cremations Center Inc. That the undersigned is

the surviving next of kin to: _____,

(Name of Deceased)

or is the legal representative of such person and has paramount right to direct the disposition of the body of the decedent. The undersigned authorizes and directs the Genesis Funeral Home funeral home, its employees, independent contractors and agents to embalm, care for and prepare the body for disposition. The undersigned acknowledges and agrees that this authorization permits the funeral home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any person rendering such services is allowed to perform such work under applicable law. The undersigned further acknowledges and agrees that the embalming, care and preparation for disposition authorized hereby may be performed at the funeral home's facility or at another facility equipped to provide such services. I the undersigned represent that I have the legal authority to give this authorization. I agree to indemnify and hold harmless the Genesis Funeral Home, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of this *Authorization to Embalm and Prepare* or any action taken in accordance herewith.

Printed Name of Person Granting Authorization

Relationship

Signature of Person Granting Authorization

Date

Witness Signature

Date

Type of Service Selected: _____

SHIPPING OF HUMAN REMAINS

This is to certify that the undersigned hereby agrees and acknowledges that the shipment of the human remains of:

_____, are pending paperwork related from the consulate
(Name of Deceased)

issuing authorization for shipment, and that the Genesis Funeral Home cannot schedule a shipping date before all authorizations are properly completed. Airfare costs are to be paid by the family separate to Funeral charges due to constant changes on airfare availability, schedule of flights and weight of the deceased as all of these factors can affect the cost of the air bill. The receiving Funeral home charges are to be paid by the family and are not included in our prices. The family receiving the remains should be responsible for such arrangements. Genesis Funeral Home and its agents are not responsible for Human Remains after Remains have been delivered to the designated airline or common carrier. Following delivery of the Decedent's Remains to airline or common carrier, the Undersigned releases **Genesis Funeral Home, its employees and agents** from any further responsibility or liability for delivery to the ultimate destination. The undersigned agrees to all these terms and conditions and agrees hold **Genesis Funeral Home, its employees and agents** harmless from all claims, suits or causes of action regarding this matter.

I understand that in order to successfully complete all ship out reservations it is vey important to have this information from the family before leaving the funeral home:

1. Passport /*Pasaporte*
2. **Receiving funeral home information/Información de la funeraria en el pais destinado**

Name/*Nombre*: _____ Phone/ *Teléfono*: _____

Address/ *Dirección*: _____

3. **Information on receiving family/Información de la familia en el pais destinado**

Name/*Nombre*: _____ Phone/ *Teléfono*: _____

Address/ *Dirección*: _____

4. **Cemetery Information: Información del cementerio donde los restos seran enterados:**

Name/*Nombre*: _____ Phone/*Teléfono*: _____

Address/ *Dirección*: _____

Printed Name of Legal Representative

Relationship

Signature of Legal Representative

Date

Witness Signature

Date