DECEASED COFFINED BY

Signed:	**Date:**		
Print Name:	**CHECKS COMPLETED**	**Initials**	**Initials**
	Identification of Deceased		
Signed:	Jewellery / Personal Effects		
	Coffin Type / Size		
Print Name:	Coffin Name Plate		
	Special Instructions		

COFFIN CLOSED / SEALED BY

Signed:	**Date:**		
Print Name:	**CHECKS COMPLETED**	**Initials**	**Initials**
	Identification of Deceased		
Signed:	Jewellery / Personal Effects		
	Coffin Size		
Print Name:	Coffin Name Plate		
	Special Instructions		

FINAL CHECKS BY

Do NOT complete this on behalf of another member of staff.

Signed:	**Date:**		
Print Name:	**CHECKS COMPLETED**	**Initials**	**Initials**
	Identification of Deceased		
Signed:	Jewellery / Personal Effects		
	Coffin Type:		
Print Name:	Coffin Name Plate		
	Special Instructions		

wallacestuart
Lady Funeral Directors

DECEASED TRACKING RECORD

DECEASED SURNAME

DECEASED FORENAME(S)

Date of Death

Day	Month	Year	Age	Sex
				M / F

Religion

Place of Death

Brought into Our Care from

Address

Town **Post Code**

Cleared for removal Y / N

Fiscal / Coroner Y / N

Deceased identified and released into our care by (confirmation and instruction of all jewellery and personal effects listed.)

Signed:	Date:
Print Name:	Relationship / On behalf of:

DECEASED BROUGHT INTO OUR CARE BY

BRANCH NAME & DECEASED REF NUMBER:				
We hereby confirm that the above named deceased has been identified to us by the person named above and we accept the deceased into our care.				
Date:	**Print Name:**	**Signature:**	**Print Name:**	**Signature:**
Removed to (BRANCH NAME):				

JEWELLERY AND PERSONAL EFFECTS

Description of item	Client Instruction	Action Taken

CLOTHING

Description of item	Client Instruction	Action Taken

ITEMS RECEIVED AFTER BRINGING DECEASED INTO OUR CARE

Description of item	Client Instruction	Action Taken

TRANSFER OF DECEASED BETWEEN BRANCH LOCATIONS

From:		**To:**		
Date	**Print Name**	**Initials**	**Print Name**	**Initials**
From:		**To:**		
Date	**Print Name**	**Initials**	**Print Name**	**Initials**
From:		**To:**		
Date	**Print Name**	**Initials**	**Print Name**	**Initials**

EMBALMED / PREPARED BY

Embalmer's Instructions Checked - Clear to Embalm		**Initials**
First Offices/ Features Set	**YES / NO**	**Initials**
Cosmetics	**YES / NO**	**Initials**
EMBALMED	**YES / NO**	**Initials**

DRESSED BY

Instructions Checked **Initials** **Own Clothes / Gown**

.....

Date	**Print Name**	**Signed**

Date	**Print Name**	**Signed**