



# Minnesota Department of Health Internship Funeral Arrangement Case Report Form

Mortuary Science Section  
Minnesota Department of Health  
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Indicate your involvement by placing a check mark in front of the tasks below that you have actively participated and completed.

### First Call

- Received first call information:
  - Gender: \_\_\_\_\_
  - Age: \_\_\_\_\_
  - Place of death: \_\_\_\_\_
  - City of death: \_\_\_\_\_
  - County of death: \_\_\_\_\_
  - Cause of death: \_\_\_\_\_
  - Notified of death by: \_\_\_\_\_
- Replenish removal vehicle
- Remove and transport deceased to FH
- Complete Certificate of Removal
  - Date of removal: \_\_\_\_\_
  - Time of removal: \_\_\_\_\_
- Schedule arrangement conference with NOK
- Greet NOK at arrangement conference
  - Number of NOK attending arrangements: \_\_\_\_\_
  - Legal NOK relationship: \_\_\_\_\_

- Obtain NOK signature(s) on Cremation Authorization
- File Family Cremation Authorization
- Fax Cremation Authorization to physician
- Fax Cremation Authorization to ME for approval
- Notify physician to complete death record
- Fax death worksheet to physician to complete
- Fax complete death worksheet with COD to Vital Records

### Merchandise Selection & Ordering

- Offer and discuss the selection of merchandise
  - Name of casket: \_\_\_\_\_
  - Name of casket manufacturer: \_\_\_\_\_
  - Date of casket order: \_\_\_\_\_
  - Name of urn: \_\_\_\_\_
  - Name of urn manufacturer: \_\_\_\_\_
  - Date of urn order: \_\_\_\_\_
  - Name of outer burial container: \_\_\_\_\_
  - Name of vault company: \_\_\_\_\_
  - Date of vault order: \_\_\_\_\_
  - Name of monument company: \_\_\_\_\_
  - Type of monument: \_\_\_\_\_
  - Date of monument order: \_\_\_\_\_

### Process & File Records

- Collect vital statistic information
- Input vital statistics into MR&C
- File disposition permit
- File death certificate
- Present GPL to NOK
- Write obituary notice
- Submit obituary notice to local newspaper
  - Name of newspaper: \_\_\_\_\_
- File forms for veteran benefits:
  - Arrange for Military Honors
  - File Veteran Monument Application
  - File application for United States Flag
  - Obtain United States Flag
- File forms for Social Security benefits
- File for Crime Victim Reparation Board benefits
- File for county benefits
  - Name of county: \_\_\_\_\_
- File forms for Insurance co.
  - Name of Insurance co. \_\_\_\_\_
  - File Claimant forms
  - File Assignment forms
- File Embalming Authorization

### Cash Advanced Item Selection & Ordering

- Offer and discuss cash advanced items
  - Name of escort company: \_\_\_\_\_
  - Number of escort(s): \_\_\_\_\_
  - Name of florist: \_\_\_\_\_
  - Number of floral arrangement(s): \_\_\_\_\_
  - Number of death certificate(s) ordered: \_\_\_\_\_
  - Name of crematory: \_\_\_\_\_
  - Name of cemetery: \_\_\_\_\_
- Order cemetery equipment
  - Lowering device
  - Tent
  - Chairs
  - Outer burial container
- List other: \_\_\_\_\_

Funeral Arrangement Case Report#(1-25): \_\_\_\_\_

## Finalize Funeral Arrangements

- Arranged for at-need or pre-need services (circle one)
- Discuss and confirm selection of services
- Traditional service with burial
  - Traditional service with cremation
  - Immediate burial
  - Direct cremation with memorial service
  - Direct cremation without service
  - Forwarding of remains to another FH
  - Receiving remains from another FH
  - Shipment of remains
  - Trade call or
- List other: \_\_\_\_\_
- Discuss service information
- Religious denomination: \_\_\_\_\_
  - Location of visitation: \_\_\_\_\_
  - Location of funeral service: \_\_\_\_\_
  - Witnessing of cremation: \_\_\_\_\_
- Specify type of facility hosting visitation or service:
- Church
  - Community Center
  - Cemetery
  - Funeral Home
  - Decedent's Residence
- List other: \_\_\_\_\_
- Contact clergy to facilitate funeral
- Contact the musician
- Harpist
  - Organist
  - Pianist
  - Violinist
  - Cantor
  - Soloist
  - Choir or
- List other: \_\_\_\_\_
- Contact Casket bearers
- Contact Embassy for HR shipment requirements
- Name of country: \_\_\_\_\_
- Contact MDH for Letter of Non-Contagion
- Contact funeral support staff
- Number of staff requested: \_\_\_\_\_
- Contact cemetery for burial or entombment
- Contact the crematory for cremation
- Contact drivers for funeral vehicle(s):
- Limousine
  - Hearse
  - Floral car
  - Lead car
  - Commemorative vehicle
- Specify vehicle: \_\_\_\_\_
- Arrange for luncheon
- Location: \_\_\_\_\_
  - Name of caterer: \_\_\_\_\_
- Contact Fort Snelling National Scheduling Office:
- Case number: \_\_\_\_\_
  - Assembly area: \_\_\_\_\_
- Request and recommend clothing & accessories
- Itemize statement of funeral goods & services
- Summarize statement of funeral goods & services with NOK
- Review GPL with NOK
- Obtain NOK signature(s) on statement of funeral goods & services
- Discuss payment policy
- Total balance of statement: \_\_\_\_\_
  - Balance collected at arrangements: \_\_\_\_\_
  - Balance paid in full or scheduled payment arrangements (circle one)
- Accept method of payment for services:
- Cash
  - Credit Card
  - Check
  - Money Order
  - Insurance
  - Pre-Need Account
  - Crime Victim Reparation Board
  - County Burial Assistance or
- List other: \_\_\_\_\_
- Present NOK with copies of finalized statement of funeral goods and services and receipt of payment
- Intern license #: \_\_\_\_\_
- Name of Intern: \_\_\_\_\_
- Signature of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Funeral Arrangement Case Report #(1-25): \_\_\_\_\_