



FIRST CALL®
MORTUARY SERVICES INC.

Call Record

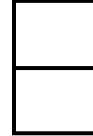
Ph: 503-445-9510
Fax: 503-445-4914

Rec'd by: _____

Date/Time Call Rec'd: on _____ @ _____ hrs

Arrived @ Dest: on _____ @ _____ hrs

Delivered: CLIENT · FCMS · OTHER on _____ @ _____ hrs



FCMS ID # _____

State ID # _____

ME CS # _____

Crypt DECEDENT Intake Wgt: _____

CLIENT: _____

ADDRESS Called by: _____

Street: _____

City: _____ State: _____

County: _____ Zip: _____

Ph: _____ Fax: _____

DESTINATION: [] Same as CLIENT

Res FH Instit ME AFH Brought In Other

Street: _____

City: _____ State: _____

County: _____ Zip: _____

Room: _____ Family Present ? YES NO

Contact at Location: _____

Phone #:

Notes: _____

Clothing (List each item)

[] Gown [] Sheet

[] Hosp. Pad

Pacer: Y N Unk

Dentition: N P

LnM: _____

Fnm: _____ **Sfx:** _____

Mnm: _____ **Sex:** M F

PRIMARY Residence

Street: _____

City: _____ State: _____

County: _____ Zip: _____

Vitals

Date of Death: _____ Time of Death: _____

Date of Birth: _____ SSN # _____

Hospice 24hrs: Y N ME Release by: _____

NOK: _____

Relation: _____ Ph1: _____

Ph2: _____

Face Sheet: Y N [] Left with Client

Certifier: _____

Phone #: _____

Address: _____

PERSONAL PROPERTY

NO YES

[] Delivered to Client

[] Secured at FCMS

Comments:

Property Record Prepared by: _____

IDENTIFICATION: [] Inst. ID Band/Label [] No one to sign [] Declined to Sign

I, _____ have identified the remains of the decedent as recorded above and having authority, hereby release the remains to the Funeral Home and/or its representatives. I further certify that the identification is true and correct to the best of my knowledge.

SIGNED: _____ **DATE:** _____ **TIME:** _____

Instructions: (Circle all that apply)

Rem. & DEL Cremation Auth. ☐ Oversize USPS Mailing Witnessed Crem.

Rem. & HOLD Embalm Auth. ☐ Process D/C Shipping ID Viewing

Assist Shelter/Hold State Permit Casket Delivery Mort. Supplies

Transfer Delivery Dry Run Cert D/C's x _____ & VA Other: _____

Notice of Removal Required NO Yes Sent By: _____ Date: _____

Tools Used

Wh Plastic x _____

Blu Plastic x _____

Sheet x _____

Extra man x _____

Booties x _____

Body Suit x _____

Sleeves x _____

Dignity x _____

Tech Van #

Manager OK:

POSTED []

Released to Client: On (Date) _____ at (Time) _____ Released by: _____

RECEIVED BY: (Client) _____ [] NO ONE TO SIGN

This facility licensed by the Oregon State Mortuary and Cemetery Board