



Funeral Home Contact Information

This document is to be completed by a funeral director or authorized staff member(s) of a new client funeral home and when an existing clients' contact information has updated.

Funeral Home: _____

Address: _____

Phone: _____

Email: _____

Afterhours Access Instructions (if applicable): _____

**The email provided above will be used for sending monthly invoices.*

Designated Funeral Home Contact Information:

This is the individual who will be the main point of contact for owner of *River City Trade Service, LLC* in the event of significant concerns or emergencies. This individual must be an owner, manager, or FDIC of the physical location where the preparation of human remains shall take place.

Name: _____

Title: _____

Phone: _____

Email: _____

The person completing this form must provide their information below:

Printed Name

Title

Signature

Date