

## **RCTS Preparation Request Form**

This document is to	pe completed by a fur	eral director or authoriz	ed staff member(s) of the funeral hom
Funeral Home:			
Address:			
Phone:			
Decedent Name (LAST, F	irst Middle):		
DOB:	DOD:	<i>/</i>	Approx. TOD:
Se	x:	_ Approx. Weight: _	lbs
*If Time of Death (TOD) the date <i>found</i> .	is unknown, please ind	licate above. For undeter	rmined Date of Death (DOD), please ind
<u>Preparation Type</u> : <mark>Please</mark>	<mark>: <u>Initial</u> on the Applica</mark>	ble Lines Below	
Er	nbalming	Minimal Prepar	ration
Notes:			
Written Authorization Re	eceived by Funeral Ho	me	
		locument or send to <u>info@river</u>	rcitytradeservice.com)
		OR	
Verbal Authorization Rec	eived by Funeral Hom	ie	
Date T	ime	Authorizing Person	
Relationship to Decease	d of Authorizing Party		
Decedent Refrigerated?	Yes N	No	
If yes, how long?			
Facial Hair Instructions:	Please Initial on the Ap	oplicable Line Below <u>or</u> S	pecify Instructions in "Other"
	Clean Shaven	Leave As Is	s
Other:			

\*Should detailed instructions be provided (e.g., instructions regarding the shaping of a beard or goatee), please email a quality reference photo to *info@rivercitytradeservice.com* so that all efforts can be made to meet your families' expectations.



**READ:** The funeral home requesting trade preparation services affirms that authorization to proceed with the preparation type indicated above has been authorized verbally or through written authorization by the Next of Kin or other person possessing the legal authority to control final disposition of the human remains named herein.

## Both the client funeral home and River City Trade Service, LLC will complete the section below to proceed with preparation:

Printed Name of Authorized Funeral Home Agent	Title
Signature of Authorized Funeral Home Agent	Date
Matthew Allen Tyrrell II	Owner – Licensed Funeral Director & Embalmer
Printed Name of River City Trade Service, LLC Member	Title
Signature of River City Trade Service, LLC Member	Date