



walker & walker
funerals and cremations

Thank you for choosing Walker & Walker funerals and cremations to care for your loved one. We have created a checklist to help complete the paperwork needed to perform funeral services. If you have any questions, please don't hesitate to give us a call and we will be happy to guide you through the process.

**Please complete the following documents and return via email
info@walkerandwalkerfh.com or fax 888-903-7353 as soon as possible.**

- ☐ 1. **Pricelist** - First download and review our funeral price list from website: caskets, outer burial container, and funeral packages.
- ☐ 2. **Authorization to Embalm** - Sign and date the section (if embalming for open-casket viewing).
- ☐ 3. **Disclosure** - Complete top portion, sign and date bottom of this form showing that we have disclosed 2020 pricing: general pricelist, outer burial price list and casket pricelist.
- ☐ 4. **Death Certificate** - This is a legal document that will be filed with the state of Texas. It needs to be completed neatly and correctly. (processing time 4-6 wks)
- ☐ 5. **Obituary Form** - Complete with information for obituary.
- ☐ 6. **Online Permission** - This form gives us permission to put your obituary online, and on social media: Facebook, Twitter, and Instagram.
- 7. **Funeral Purchase Agreement** - This agreement will be sent after purchased items are selected and calculated. This form will also need to be signed and returned.
- 8. **Assignment of Policy** - The assignment of policy will be sent after purchased items are selected and calculated and will need to be completed and notarized if you're using an insurance policy or policies for payment.

323 W. Chestnut St. · Grapeland, Texas 75844
phone: 936.687.2255 · fax: 888.903.7353

info@walkerandwalkerfh.com · walkerandwalkerfh.com

AUTHORIZATION TO EMBALM AT FUNERAL ESTABLISHMENT OR OTHER LOCATION

Name of Licensed Funeral Establishment: Walker & Walker Funeral Home

Name of Deceased: _____ **Date of Death:** _____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or use licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing, upon request, to the next-of-kin or person responsible for making final disposition arrangements, the name, address, and license number of the facility where embalming occurred and the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned authorizes and directs the funeral establishment, including apprentices (provisional licensees), and mortuary students under the direct supervision of a licensed embalmer employed by the funeral establishment, and the funeral establishment's employees, independent contractors, and agents to care for, embalm and prepare the body of the decedent. The undersigned acknowledges that this authorization encompasses permission to embalm at the funeral establishment or at another facility equipped for embalming, including a school or college of mortuary science.

➡ (If embalming for open-casket viewing) _____

Signature of next-of-kin or Person Responsible for making arrangements for final disposition

Date Signed

NOTE: Mortuary Students may only participate in embalming if permission is in writing and in the possession of the Licensed Embalmer at the time of the procedure.

If Authorization for embalming is oral, complete the following:

Location of embalming disclosure was discussed with next-of-kin or person responsible for making arrangements.

Authorization to embalm received from: _____

Relationship to Deceased: _____

Time: _____ **a.m or p.m.** **Date:** _____

Received by: _____

If no authorization can be obtained, complete the following:

I hereby acknowledge that Walker & Walker Funeral Home has made a reasonable effort over a period of at
Name of Establishment
 least three hours to obtain authorization to embalm the deceased. I take full responsibility for performing
 embalming without permission.

Times contact with family attempted: _____

 Signature and License # of Embalmer

The undersigned, who represents the deceased, hereby declares that having the legal authority to do so, refuses to give permission to embalm the above-named deceased individual.

➡ (If NOT embalming) _____

Signature

Date

FUNERAL DISCLOSURE-DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practices RULE requires certain disclosures and prohibits misrepresentations. This Disclosures/Disclaimer Form is a checklist we ask those we serve to read and sign if during the funeral arrangements our firm complied with the following:

Name of Deceased: _____

Date of Death: _____

Date of funeral and/or final disposition of body: _____

1. The undersigned received a General Price List effective on : January 1, 2020 prior to discussing prices, services, or merchandise.
2. The undersigned received a Casket Price List effective on : January 1, 2020 prior to viewing or discussing prices or caskets.
3. The undersigned received an Outer Burial Container Price List effective on : January 1, 2020 prior to viewing or discussing prices of outer burial containers.
4. The undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.
5. The undersigned were not told that any law requires embalming for direct cremations, immediate burial, or if refrigeration is available and the funeral is without viewing or visitation.
6. The undersigned were informed that the law does not require a casket for direct cremation.
7. The undersigned were informed that the law does not require the purchase of an outer burial container.
8. The funeral home made no representations to the undersigned embalming or the use of any merchandise available for the funeral home would delay the decomposition of the remains for a long time or indefinite time.
9. The undersigned understands that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. The undersigned further understands that the only warranties, express or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, extended by the manufacturers of the goods. No other warranties, including the implied warranties of the merchantability or fitness for a particular purpose are extended by the funeral home.

Done this _____ day of _____

Witnessed

Person(s) making final arrangements

Funeral Director/Funeral Firm Provider License #

Signature of Purchaser Relationship

Date signed

Signature of Purchaser Relationship

Signature of Purchaser Relationship

VITAL INFORMATION FOR DEATH CERTIFICATE

TYPE OR PRINT CLEARLY

1. LEGAL NAME OF DECEASED (First, Middle and Last Name)			(Maiden)		2. DATE OF DEATH - <u>ACTUAL OR PRESUMED</u>	
3. SEX	4. DATE OF BIRTH	5. AGE-LAST BIRTHDAY (YEARS)			6. BIRTHPLACE (City & State or Foreign Country)	
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE (First, Middle and Maiden Name)	
10a. RESIDENCE STREET ADDRESS				10b. APT NO	10c. CITY OR TOWN	
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
11. FATHER'S NAME (First, Middle and Last Name)				12. MOTHER'S NAME (First, Middle and Maiden Name)		

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURED IN HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		IF DEATH OCCURED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (If outside city limits, give precinct no)		16. FACILITY NAME (If not institution, give street address)
17. INFORMANT'S NAME (First, Middle and Last Name) & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
20. PLACE OF DISPOSITION (Name of cemetery or other place)		21. LOCATION (City/Town, and State)	
22. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		23. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the «No» box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, <input type="checkbox"/> Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	24. DECEDENT'S RACE (Check the one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian, or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
25. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)			28. TYPE OF BUSINESS/INDUSTRY
29. NAME OF PHYSICIAN IF DECEASED WAS IN <u>HOSPITAL</u> , <u>NURSING HOME</u> , <u>HOSPICE FACILITY</u>			
30. NAME OF JUSTICE OF PEACE/MEDICAL EXAMINER IF DEATH OCCURED AT HOME, AND/OR INVESTIGATION ON THE BASIS OF EXAMINATION			

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE

SIGNATURE:

DATE:

OBITUARY FORM

Please neatly complete the following information

Obituary Form completed and approved within 72 hours of Service Date

Clothing:

Men (Under Clothing - sleeveless t-shirt, underwear, socks) Outfit of your choice.

Women (Under Clothing - bra, underwear, slip, stockings) Outfit of your choice.

Deceased Name: _____

Obituary Contact: _____ Phone Number _____

Program Style: _____ Quantity: _____

Program Theme & Colors: _____

Date & Time (Service Held): _____

Place & Address (Service Held): _____

Pastor of Church: _____

Officiating Minister: _____

Cemetery & Town: _____

Date of Birth: _____ Date of Death: _____

Place of Birth: _____ Place of Death: _____

Father's Full Name: _____

Mother's Full Name: _____

Birth Order in (Sibling Line): _____

Town or Community Raised: _____

Schools & Education: _____

Occupation & Retirement: _____

Church Affiliations (child/adult): _____

Organizations/Memberships: _____

Marriages: Dates & Number of Children: _____

SURVIVORS

Son(s) and Spouses & Town of Residence: _____

Daughter(s) and Spouses & Town of Residence: _____

Brother(s) and Spouses & Town of Residence: _____

Sister(s) and Spouses & Town of Residence: _____

Parents, if Living: _____

Aunts: _____

Uncles: _____

Number of Grandchildren: _____

Number of Great Grandchildren: _____

Number of Great-Great Grandchildren: _____

DECEASED FAMILY MEMBERS

(Parent(s), Son(s), Daughter(s), Sister(s), Brother(s))

ORDER OF SERVICE

Processional _____ Ministers, Pallbearers, Family & Friends

Solo or Selection _____

Scripture Reading:

Old Testament _____

New Testament _____

Prayer _____

Resolution(s) _____

Remarks/Acknowledgement _____

Solo or Selection _____

Eulogy _____

Recessional _____ Ministers, Pallbearers, Casket, Family & Friends

Bible Verse/Poem of Choice if any _____

*Repast Location if any _____

Tributes/Acknowledgements for back of Program _____

Acknowledgement of Special Friends or Special Thanks (Nursing Homes, Hospitals, etc) _____

The biography is a summary about your loved one that gives an engaging glimpse of their life. In the biography you can include their education, achievements, interesting facts, or anything that made them special.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.



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323 W. Chestnut St. · Grapeland, Texas 75844
phone: 936.687.2255 · fax: 888.903.7353
info@walkerandwalkerfh.com · walkerandwalkerfh.com

Date: _____

Family of: _____

RE: Online Permission: Walker & Walker Website, Facebook, Instagram, and Twitter

We would like to thank you for choosing our Family Owned and Operated Funeral Home for the service of your loved one. We would like your written permission to include your love one's obituary online on our website www.walkerandwalkerfh.com, Facebook, Instagram and Twitter.

We will not include your love one's obituary on these social media sites without written permission from the family. Our online obituary includes a picture, brief bio, date and time of services and notes of support to family from friends. The online obituary is created to give family and friends the information needed for the service; and the opportunity to share the obituary with those who are unable to attend the service.

Thanking you in advance for your cooperation in reference to our online obituary.

Sincerely,

Erinn Walker-Demery

Funeral Director

SIGNATURE OF PERSON GIVING PERMISSION: _____

PRINTED NAME OF PERSON GIVING PERMISSION: _____