

# What to Do When Death Occurs?

## ▶ WHEN DEATH OCCURS IN THE HOME:

1. **CALL HOSPICE** – Your Hospice nurse or other caregiver will normally take care of all necessary notifications for you. Be sure you have given them our information so they know you wish for us to be called.
2. If the patient is not under Hospice care or other professional home health care, you will need to notify your local law enforcement agency. This will be your city police or county sheriff. Call their non-emergency number (if available) or 911 for assistance. An Officer must be dispatched to the home to file a report and obtain clearance from the Medical Examiner Dept. before we may come to the home.
3. Once cleared, we will be called and will immediately dispatch our staff to your home where we will transport your loved one to our crematory facility.

## ▶ WHEN IN A HOSPITAL OR NURSING FACILITY:

1. Inform the professional staff caring for your loved one that you wish for Affinity to be called to handle the final arrangements.
2. The professional staff will notify us and we will dispatch our staff to the facility immediately where we will transport your loved one to our crematory facility.

## ▶ IN ALL CASES:

1. We will contact you by telephone once your loved one arrives at our facility. (In certain cases late at night, we may contact you the following morning.)
2. We will arrange a time to meet with you, either at our office or your home, as soon as you are able to finalize the cremation arrangements. This will include obtaining the necessary next of kin authorizations for the cremation, verifying all death certificate information, assisting you with any necessary newspaper notices, etc.

## ▶ IF, AT ANY POINT YOU ARE UNCERTAIN HOW TO PROCEED, CALL AFFINITY **(813) 684-7500**

We are available right now to assist and help you through this process.



*Respectful Care... Reasonable Cost*

220 West Brandon Blvd. · Suite 205

Brandon, Florida 33511-5100

**(813) 684-7500**

[www.affinitycremation.com](http://www.affinitycremation.com)

## Affinity Direct Cremation Service - Patient Information Worksheet

Name of Patient		Social Security Number	
Date of Birth		Place of Birth (City, State or Foreign Country)	
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Branch of Service (Please provide a copy of the discharge papers if available)
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
Spouse's Name (First, Middle, Maiden)		(NOTE: Florida law requires a court order to amend the Surviving Spouse's name on a death certificate.)	
<b>Patient's Race or Races (More than one race may be specified)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify 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 Isl (specify) <input type="checkbox"/> Other (Specify)			
<b>Of Hispanic or Haitian origin?</b> <input type="checkbox"/> Yes (if Yes, specify) <input type="checkbox"/> No		<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other (specify) <input type="checkbox"/> Haitian	
<b>Education:</b> <input type="checkbox"/> 8th or less <input type="checkbox"/> High School, no diploma <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> College, but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
Patient's Occupation (Kind of work done the longest)		Industry (Description - No Company Names)	
Father's Name (First, Middle, Last)		Mother's MAIDEN Name (First, Middle, Maiden Surname)	
Patient's Legal Residence Address (Street Address - No PO Box)		Apt No.	City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient's City of Residence		Patient's County of Residence	
State	Zip Code	(NOTE: In the case of patients in a nursing or convalescent home, the place where the deceased lived prior to admission should be used.)	
Contact Name (Person Providing this Information)		Relationship to Patient	
Contact Mailing Address (Street, City, State, Zip Code)			
Contact Information (Telephone, Cell Phone, etc)			