

# BAO Funeral Directing Report

<b>Intern Case #:</b>	
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Funeral Director Intern	
Signature: _____	
Print name _____	Registration # _____
I certify that I directed or participated in the directing of the funeral referred to in this report and that I completed this report honestly, accurately and to the best of my ability.	

Supervising Funeral Director	
Signature: _____	
Print name _____	Licence # _____
I certify that I witnessed and supervised the intern directing the funeral referred to in this report and I confirm the accuracy of the contents of this report.	

Assigned Preceptor	
Signature: _____	
Print name _____	Licence # _____
I certify that I reviewed with the intern the contents of this report and I confirmed with the intern the accuracy of the contents of this report.	

Funeral Establishment

Deceased Identification
Initials (first, middle, last)    F.H. Reference/Call #

Service Date:	Start Time:	Finish Time:
M/D/Y	AM PM	AM PM

<b>Age of Deceased:</b>	_____
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<b>Date of Death:</b>	_____
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Type of Service:	Service Location:	Remains:	Private/Public:
<input type="checkbox"/> Traditional Service <input type="checkbox"/> Religious <input type="checkbox"/> Memorial Service <input type="checkbox"/> Non-Religious <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Church <input type="checkbox"/> Chapel <input type="checkbox"/> Graveside <input type="checkbox"/> Other: _____	<input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> Not Present	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other: _____

Finalized Funeral Details Were Confirmed With:	Disposition:
<input type="checkbox"/> Executor <input type="checkbox"/> Great grandchildren <input type="checkbox"/> Uncles, Aunts, Nephews or Nieces <input type="checkbox"/> Spouse <input type="checkbox"/> Father or Mother <input type="checkbox"/> Children <input type="checkbox"/> Brothers or Sisters <input type="checkbox"/> Collateral relatives of more remote degree <input type="checkbox"/> Grandchildren <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	<input type="checkbox"/> Burial                              List any special disposition requests (i.e. wishes for cremated remains): <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Other: _____
Name of staff member who finalized the details of the funeral: _____	

Attendees:	Staff:	Procession?	Reception?	Reception Location:
Approx. number of attendees: _____	Number of staff members involved: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Funeral Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Reception Facility <input type="checkbox"/> Other <input type="checkbox"/> Church Hall <input type="checkbox"/> Family Residence Notes: _____

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Issues/Problems/Concerns:	Weather Conditions/Other Factors:

**How would you describe the reaction of the family/attendees?**

<input type="checkbox"/> Receptive	<input type="checkbox"/> Cautious	<input type="checkbox"/> Detached
<input type="checkbox"/> Emotional	<input type="checkbox"/> Interested	<input type="checkbox"/> Inquisitive
		<input type="checkbox"/> Other: _____

**Feedback from Family/Attendees:**


**Notes:**
