

# BAO At Need Report

**Intern Case #:**

Funeral Director Intern	
Signature: _____	
Print name _____	Registration # _____
I certify that I conducted or participated in the at need arrangement 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 supervised and witnessed the intern conducting or participating in the at need arrangement 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 the report.	

Funeral Establishment:

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

Arrangement Date:
M/D/Y

Start Time:
AM PM

Finish Time:
AM PM

<b>Age of Deceased:</b>		<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnic Origin:</b>		<b>Date of Death:</b>		<b>Place of Death:</b>	
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Arrangement Location:	Authorized Decision Maker:
<input type="checkbox"/> Home <input type="checkbox"/> Funeral Establishment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Executor/Executrix <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Great Grandchildren <input type="checkbox"/> Father or Mother <input type="checkbox"/> Brothers or Sisters <input type="checkbox"/> Grandparents <input type="checkbox"/> Uncles, aunts, nephew, and nieces <input type="checkbox"/> Collateral relatives of a more remote degree

Source of Contact:	Requested Services & Supplies:	Service Location:	Visitation:	Permissions:
<input type="checkbox"/> Funeral Home Marketing <input type="checkbox"/> Served Family Recently <input type="checkbox"/> Sudden/Expected Death <input type="checkbox"/> Other: _____	<input type="checkbox"/> Traditional Service <input type="checkbox"/> Same Day Service <input type="checkbox"/> Memorial Service <input type="checkbox"/> Immediate Other: _____	<input type="checkbox"/> Church <input type="checkbox"/> Chapel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	Embalm: <input type="checkbox"/> Written <input type="checkbox"/> Oral Restorative Art: <input type="checkbox"/> Yes <input type="checkbox"/> No

Selected Disposition:	Disbursements Discussed:
<input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Ship Out List any special disposition requests (i.e. wishes for cremated remains) _____ _____	<input type="checkbox"/> Coroner <input type="checkbox"/> Clergy Honorarium <input type="checkbox"/> Music / Organist <input type="checkbox"/> Newspaper Notice <input type="checkbox"/> Catering <input type="checkbox"/> Flowers <input type="checkbox"/> Police Escort <input type="checkbox"/> Cremation Fee <input type="checkbox"/> Municipal Reg. Fee <input type="checkbox"/> Cemetery Open/Close Fee <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

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**Personalization:** Mark items that were of interest to the recipient with an 'X' and items that were selected with a 'check mark'.

<input type="checkbox"/> Photos	<input type="checkbox"/> Readings	<input type="checkbox"/> Other: _____	List below any other special personalization requests that were made by or on behalf of the recipient. _____
<input type="checkbox"/> Video	<input type="checkbox"/> Venue	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Music	<input type="checkbox"/> Personal Items	<input type="checkbox"/> Other: _____	

Payment Terms:	How would you describe the family's reaction to the payment terms?
<input type="checkbox"/> Deposit taken <input type="checkbox"/> Balance due within ___ days	<input type="checkbox"/> Paid in full. <input type="checkbox"/> Payment Plan _____ _____ _____

**Declarations and Acknowledgements:** Items checked below were discussed with the authorized decision maker / purchaser

Legal Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Embalming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consumer Information Guide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disbursements & Third Party Suppliers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Price List	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Possession of Cremated Remains & Refund Deposits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Embalming Discussion: Describe below how you explained the process of embalming to the authorized decision maker.	How did the authorized decision maker react during the embalming discussion? Provide rationale if the embalming discussion did not take place.

**Describe the reaction of the authorized decision maker when you began discussing and viewing various services and merchandise?**

<input type="checkbox"/> Receptive <input type="checkbox"/> Emotional <input type="checkbox"/> Cautious	<input type="checkbox"/> Shocked <input type="checkbox"/> Interested <input type="checkbox"/> Inquisitive	<input type="checkbox"/> Detached <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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**Was anything unique or surprising about the arrangement? (i.e. a reaction, question or request)**

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, describe the surprise:
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Notes

**NOTICE:** Effective April 1, 2016, the Bereavement Authority of Ontario assumed responsibility for the licensing and enforcement activities previously exercised by the Board of Funeral Services (BOFS) and BOFS was dissolved as a corporation. This publication remains for informational purposes. Please contact the BAO at 1-844-493-6356 or visit [www.bereavementauthorityontario.ca](http://www.bereavementauthorityontario.ca) for more information.