

**Special Request Form**

Decedent:

Funeral Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan Thumbprint: [ ]  Yes [ ]  No, Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lock of Hair: [ ]  Yes [ ]  No, How many?

Personal Effects to Remove & Return:

Personal Effects to Cremate:

Other Requests (be specific):

Sent by: Date: