

NIH CLINICAL CENTER

FUNERAL HOME SERVICES REQUEST FORM (Non-Indigent)

INSTRUCTIONS: Please complete this form to request transportation of bodies for autopsy and/or other funeral services that are not covered under the Social Work Department contract for indigent patients. Services are paid for by the Institute/Center and an Outside Medical Services Form (2541) approving amount of funding must accompany this form.

FUNERAL HOME PLEASE SEND INVOICE TO:

NIH CLINICAL CENTER PATIENT SUPPORT SERVICES DEPARTMENT 10 CENTER DRIVE, 1-5649, BETHESDA, MD 20892	FAX#: 301-594-5282 PHONE#: 301-496-2341
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FUNERAL HOME PROVIDING SERVICES

Name:	Point of Contact:
Address:	Phone:
	Fax:

PATIENT DEMOGRAPHICS

Patient Name:		Address:	
Date of Birth/Age:	MRN:	Communicable Disease: YES or NO	Outside Expiration: Embalmed: YES or NO
Institute/Branch:	Protocol Number:	Religious Considerations/Other Instructions:	
Next of Kin Name:	Address:	Phone:	Email:

SERVICES AUTHORIZED BY IC

Transportation	One Way Transport from CC to Funeral Home
	Round Trip Transport: From Designatated Pick-Up Location to CC From CC to Designated Funeral Home
	Transporattion services crosses states lines (check if applicable)
Body Preparation	Embalming
	Casket
Viewing And/Or Funeral Service	Viewing only at:
	Viewing and Funeral Service Local Funeral Home:
	Viewing and Funeral Service at Local MD/DC/VA Church/Community Center:
	Address:
	Phone:
	Fax:

Cremation YES or NO	Name of Person Identifying Remains:	Relationship:
		Phone:
	Engraved Urn: YES or NO	

CONTACT INFORMATION

Name of Institute/Center Contact Person:	Date:
	Contact #:
Name of Admissions Assistant who faxed form to Funeral Home:	Date: