



SERVICE REQUEST PAGE 1 OF 2

REQUEST FUNERAL SERVICE(S) EXECUTION

The undersigned hereby requests and authorizes

WITTER & SONS COMPANY LIMITED

To execute the FUNERAL/MEMORIAL SERVICE(S) OF:

Eirot Nama	Middle	Surname:	Date of Death
First Name	Wildule	Surname.	Date of Death

Case Number Date of Birth Sex:

Dress: Yes No
Day Date Time Location

TYPE OF SERVICE: (please check where applicable)

Case Number Catholic

EMBALM: Yes No Protestant

Arranging Director Hindu

Anglican

Non-Denominational

Open for FAMILY ONLY

Other

Closed

Type of Flowers for Primary Wreath

Open

CASKET:

Condolence Book: Basic Deluxe Videography: Yes No Floor Easel: Yes No

Escorts: Yes No

Funeral Home Memorial Service Location

Pallbearers: Family Staff

WITTERANDSONSFH@GMAIL.COM

3O PAISLEY AVENUE May Pen, Clarendon, Jamaica (876) 986-4146, (876) 986-4419 Cell / Whatsapp: (876) 774-5584, (876) 815-7230 CHEAPSIDE, ST. ELIZABETH

Jamaica (876) 965-8284, (876) 965-8172 Cell / Whatsapp: (876) 779-7495, (876) 330-5187





SERVICE REQUEST

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Person(s) making Arrangements		Primary Contact		
Relationship(s)		Phone Number(s)		
FINAL VIEWING				
Day Date)	Tlme	Location	
Date of Funeral	Time		Name of Church	
Address of Church Jewelry: Approved	TBD	Na	me & Address of Final Place of Rest	
Other Special Instructions	FU	MERA	I HOME	
I hereby acknowledge the Signature:	request being made on	behalf of my f	familyh.	
- 			Print Name:	
			Date:	
			ID:	

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PREP ROOM CHECKLIST

PAGE 1 OF 2

First Name Middle Surname: Date of Death

Case Number Date of Birth Sex:

Primary Contact Relationship Phone Number(s)

Height Weight

FEMALES

Embalm: Completed Incomplete N/A

Previous Photo for Prep: Yes No

Clothes: Received Not Provided

Makeup: Yes No

Lips: Natural Shade

Nails: Polished Natural

Color:

Comments:

MALES

Embalm: Completed Incomplete N/A

Previous Photo for Prep: Yes No

Clothes: Received Not Provided

Face: Clean-shaved Lined Beard/Goatee/

Moustache

Hair Trimmed: Yes No

Ear Hairs Trimmed: Yes No

Nose Hairs Trimmed: Yes No

Nails Cut: Yes No

Comments:

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PREP ROOM CHECKLIST
PAGE 2 OF 2

Clothing	Items

Jewelry:

Yes

No

Glasses:

Yes

No

Undergarments:

Yes

No

Description of Jewelry

Placement of specific items

MORTUARY STAFF NOTE:

Miscellaneous/Comments

I hereby acknowledge completion of the checklist

Signature:

Print Name:

Date:

Company ID #:

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