



FUNERAL DIRECTOR INTERN CASE REPORT

Illinois Department of Financial and Professional Regulation
320 W. Washington Street, 3rd. Floor
Springfield, Illinois 62786

SUPPORTING DOCUMENT

CR-FD

1. Complete and sign this case report. Incomplete or illegible case reports will not be processed.
2. At the end of each completed quarter, e-mail all applicable case reports, compiled in one PDF to:
FPR.ProfessionalServicesMail@illinois.gov.

NAME: (and maiden name if applicable)	LICENSE NUMBER:
EMAIL:	PHONE NUMBER:
ADDRESS, CITY, STATE, ZIP CODE: <input type="checkbox"/> Check if address changed	

CASE IDENTIFICATION

INTERN CASE REPORT NUMBER: (i.e. 1 through 24)	NUMBER OF FUNERAL DIRECTORS ASSISTING IN SERVICE: (Required)	NUMBER OF OTHERS ASSISTING IN SERVICE:
NAME OF DECEASED:		DATE OF FUNERAL OR CREMATION:
PLACE OF FUNERAL: (Check one and describe if other) <input type="checkbox"/> Home <input type="checkbox"/> Chapel <input type="checkbox"/> Church <input type="checkbox"/> Other _____		

FUNERAL DIRECTOR INTERN CASE REPORT

(COMPLETE AND CHECK ALL ACTIONS THE FUNERAL DIRECTOR INTERN COMPLETED)

<p align="center">REMOVAL OF REMAINS</p> <p>Place of removal: _____</p> <input type="checkbox"/> Removal performed by funeral intern alone <input type="checkbox"/> Removal performed with assistance from others <input type="checkbox"/> Assisted in making arrangement appointment <input type="checkbox"/> Discussed clothing and information needed for arrangement <input type="checkbox"/> Secured information from place of removal	<p align="center">FINAL SETUP DETAILS</p> <input type="checkbox"/> Assisted in placing the casket in visitation room <input type="checkbox"/> Received friends and family during visitation <input type="checkbox"/> Assisted in setting up visitation room (flowers, pictures, etc.) <input type="checkbox"/> Assisted in urn set / memorial service
<p align="center">FUNERAL ARRANGEMENTS</p> <input type="checkbox"/> Present in arrangement room <input type="checkbox"/> Prepared newspaper notices <input type="checkbox"/> Completed death certificate <input type="checkbox"/> Filed death certificate and secured permits <input type="checkbox"/> Made cemetery arrangements <input type="checkbox"/> Made arrangements for and ordered outer receptacle <input type="checkbox"/> IVRS exposure <input type="checkbox"/> Assisted with other (i.e. military service, flowers, music, consulate, airlines, etc.)(describe if other) _____	<p align="center">MERCHANDISING</p> <input type="checkbox"/> Present during merchandise selection or observed casket sale <input type="checkbox"/> Observed sale of outside receptacle for casket / urn <input type="checkbox"/> Recorded merchandise sold <input type="checkbox"/> Observed pricing methods <input type="checkbox"/> Discussed service costs with employer <input type="checkbox"/> Prepared funeral service statement
<p align="center">OFFICE RECORDS</p> <input type="checkbox"/> Assisted in inventory of merchandise and supplies <input type="checkbox"/> Filed service case histories <input type="checkbox"/> Reordered merchandise and supplies <input type="checkbox"/> Discussed cost and overhead items with employer <input type="checkbox"/> Post records and files (i.e. veteran, social security, etc.)	<p align="center">SERVICE</p> <input type="checkbox"/> Assisted in directing service at home, church, or chapel <input type="checkbox"/> Assisted the family and relatives <input type="checkbox"/> Assisted clergy <input type="checkbox"/> Assisted directing casket bearers and honorary groups <input type="checkbox"/> Assisted with committal service and cemetery details

