



FAMILY PLANNING CHECKLIST

Would the family like a formal Fire Department Service? Explain Service Elements based upon approved Service Type. ☐ Yes ☐ No

Funeral Home:

Name _____

Address _____ Telephone #: _____

Is there a preference? ☐ Burial ☐ Cremation

Has a cemetery plot been already purchased? ☐ Yes ☐ No

Location: _____

If no, preferred location: _____

Will there be a Vigil/Viewing:

☐ Yes ☐ Will be public ☐ No Viewing

Location: _____

Date: _____

Time: _____

Nature of Service:

Religious denomination if any: _____

Request the proper pronoun that the employee identified as (he/she/they): _____

Open or closed to public: ☐ Open ☐ Closed

Is there a religious requirement for burial time frame? ☐ Yes ☐ No

If yes, when will burial or cremation need to be completed by? _____

Service Planning:

Assistance with writing obituary ☐ Yes ☐ No

Assistance with selecting Service clothing for Decedent ☐ Yes ☐ No

Assistance with gathering photographs ☐ Yes ☐ No

Assistance with selecting music ☐ Yes ☐ No

Identify who will receive gifts at service (not all gifts are appropriate for all service types):

American Flag _____ Wildland Helmet _____

California Flag _____ Local 2881 Sculpture _____

Structure Helmet _____ IAFF LODD Medal _____