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DEATH DATE ORDER FORM

Please fill out and fax this form to our office to be handled

Date: _____ Funeral Home: _____

Ordered By: _____

Deceased: _____ Name of Spouse: _____

Date of Birth: _____ Date of Death: _____

Place of Interment: _____

Address: _____

Special Instructions: _____

| Whom to Bill: | Funeral Home | Family (include contact information) |
|---------------|--------------|--------------------------------------|
| | | _____ |
| | | _____ |

(For LVMC office use only)

_____ Date put on schedule for repair
_____ Is this a billable repair?
_____ Completed Date Completed: _____
_____ Billed (If applicable) Date Billed: _____