

THE GARDENS CREMATORY

RED TAG

FORM

MORTUARY/SOCIETY NAME: _____

NAME OF DECEDENT: _____

DATE TURNED IN TO TGC: _____

BY (EMPLOYEE NAME): _____

SPECIAL INSTRUCTIONS:

PLEASE FILL OUT IF
ID VIEW or WITNESS INSERTION
Please Circle

Date & Time:

Length: (Please Circle)

Informant of Decedent: _____

Number of people in attendance: (NOTE: If more than 10, please call us at 714.456.0044) _____

Casket: (Please Circle) OPEN or CLOSED

Does Decedent need to be Dressed? (Please Circle) YES or NO
(Extra fee's may apply)

For "The Gardens" Office Use Only	
RECEIVED BY: (EMPLOYEE NAME)	
SIGNATURE OF EMPLOYEE:	
DATE AND TIME RECEIVED:	
CONFIRMATION NUMBER:	

WHEN COMPLETED, PLEASE FAX THIS "RED TAG" FORM, ALONG WITH "THE GARDENS CREMATORY HUMAN REMAINS/CREMATION ACCEPTANCE RECEIPT" FORM TO: 714-599-9918