



Date created: _____

Loss of a Loved One - Contacts

Name: _____

This is a "starter list" of who to contact after the loss of a loved one. Don't be afraid to ask for help at any time.

Who Can Help: Consider asking a family member or friend to help you with phone calls and arrangements.

Immediately

Coroner

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Medical Examiner

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Attending Physician

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Clergy

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Funeral Home Director

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Other

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Family

Mother(s)

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Father(s)

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Sibling

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Sibling

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Sibling

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Sibling

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Spouse

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Child

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Child

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____

Child

Name/Org. _____

Phone Number _____

E-Mail _____

Date/Time contacted _____



Loss of a Loved One - Contacts page 2

Family continued

Child

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Paternal Grandfather

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Paternal Grandmother

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Maternal Grandfather

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Maternal Grandmother

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Extended Family

Mother-in-Law

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Father-in-Law

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Sibling-in-Law

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Sibling-in-Law

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Aunt

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Aunt

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Uncle

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Uncle

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Cousin

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____



Loss of a Loved One - Contacts page 3

Extended Family continued

Cousin

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Cousin

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Friends

Friend

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Friend

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Friend

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Friend

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Work

Boss

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Coworker

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Coworker

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Union Contact

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Pension Funds

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Fraternal/Civic Organization

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____



Loss of a Loved One - Contacts page 4

Administration

Executor of Estate

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Accountant

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Attorney

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Bank

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Credit Card Company

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Insurance Agent

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Landlord

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Post Office

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Social Security Administration (SSA)

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Utility Company

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Veterans' Administration

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Services

Funeral Home Director

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Cemetery

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

After-service Reception Location

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Caterer

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____



Loss of a Loved One - Contacts page 5

Services continued

Musician #1

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Musician #2

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Florist

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Dry Cleaners

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Hairdresser

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Newspaper(s) for Obituaries

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Memorial Fund

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Printing Services (for programs)

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Hearse/Limo

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Other

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

For Guests

Child Care

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Airline(s)

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Hotel(s)

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Taxi(s) (to pick up guests)

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Car Rental Agency

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____

Car Rental Agency

Name/Org. _____
Phone Number _____
E-Mail _____
Date/Time contacted _____