

INTAKE FORM

Funeral Home Details

Name of Deceased: _____

Funeral Home Name: _____

Funeral Home Representative Name: _____

Funeral Home Representative Email: _____

Funeral Home Representative Phone Number: _____

Please note here any difficulties you have shared with your client (Authorized Representative) in obtaining photographs of the desired tattoo or difficulties you did not anticipate ahead of the photography session, but still experienced. Examples might include rigor mortis, body position and discoloration that limit high quality or complete photographs.

Authorized Representative Details

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____