ALLEVIATE HOSPICE CARE INC.
13098 Borden Ave Sylmar, CA 91342
Phone: (818) 433-4558 * Fax: (818) 452-3833
E mail: alleviatehospicecareinc@gmail.com

MORTUARY ARRANGEMENT

Patient Name:_____MRN: Date

It is the policy of ALLEVIATE HOSPICE CARE INC. that information regarding Mortuary Arrangement

is required as part of Admission Process. In the event that Mortuary service is needed and Family I

Responsible party is unavailable / unable to be contacted within a four (4) hours period, the COUNTY

MORGUE is used as temporary Mortuary arrangement

* Please see the attached list of Funeral Homes for your convenience. Our Social Worker and Staff are available to assist you in making the arrangements at any time.

(Return to Office)

SIGNATURE:_____ DATE:_____

HOSPICE REPRESENTATIVE: _____