



# Burial Policy

(Approval of Burial Arrangements for Unclaimed Deceased Residents)

**A. The facility shall ascertain and record on admission of the resident, or as soon as after as possible.**

**1. Any arrangements the resident has made, or wishes to make, with regard to burial.**

Religious Preference \_\_\_\_\_

Name of Preferred Funeral Director (If any) \_\_\_\_\_

**2. The name, address and relationship of person(s) who agrees to assume funeral or burial responsibility:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**B. Notification of death of an individual who appears to be an unclaimed deceased resident, the Assisted Living Manager or Designee shall contact any person who, *although not having been identified in advance as being responsible for the burial arrangements, might nevertheless at the time of death be willing to claim the body and assume responsibility.***