

RECORD OF DEATH

Name of Patient/Resident: _____

Room No.: _____ MRN/Hospital No.: _____

DOB: _____ Sex: _____ Race: _____ Attending Physician: _____

Date of Admission: _____ Time: _____ AM PM

Date of Death: _____ Time: _____ AM PM

Nurse (Name/Title) present at time of death: _____ License No.: _____

Name of person notified: _____ Date: _____ Time: _____ AM PM

Relationship to Patient/Resident: _____

Attending Physician notified by: _____ Date: _____ Time: _____ AM PM

Remarks: _____

Mortician requested by: _____ Called by: _____

Date: _____ Time: _____ AM PM

The following personal articles of the patient/resident were sent with the mortician: _____

MORTICIAN'S REPORT

Received from: _____

The remains of: _____ and the personal articles stated above.

Body released by: _____ Date: _____ Time: _____ AM PM
Signature/Title

Mortician Signature

Name of Mortuary

Address of Mortuary