

EXAMPLE
ALL FIELDS MUST BE COMPLETED
Notification of Hospice Death



Jefferson County Coroner/Medical Examiner's Office
1515 6th Avenue South, Suite 220
Birmingham, Alabama 35233
Office: (205) 930-3603
Fax: (205) 930-3595

For office use only.

M.E. case#: _____

Date/Time received: _____

Employee's name: _____

To: Coroner/Medical Examiner's Office, Jefferson County, Alabama

Date: date request submitted

NOTIFICATION OF THE DEATH OF (full name): First Middle Last

Age: _____ Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Date of Death: _____ Time of Death: _____

Place of Death (facility name/address): Name or describe location (ex: home, hospital, nursing home)

Address: _____ City: _____ State: _____ Zip: _____

Next of Kin: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Pursuant to Code of Alabama 45-37-60 and 22-9A-14, the coroner's office should immediately be notified if there is suspicion of criminal violence or criminal neglect, when death occurs in suspicious or unusual circumstances, when deaths are thought to result from trauma or violence, in any prison or penal institution, or when in police custody; whether the cause is known or suspected, primary or contributory, or recent, delayed, or remote.

Doctor Certifying the Death: name of doctor completing the death certificate Phone: _____

Medical Facility/Practice Name: name of the doctor's practice or the medical facility or company name

Address: _____ City: _____ State: _____ Zip: _____

Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.):
(example: History of hypertension and strokes, fell and hit head day before death)

Manner of Death: (Natural, Accident, Homicide, Suicide, Unknown): Natural

Cause of Death: (example: Complications of cerebrovascular accident)

Mortuary: Primary mortuary handling final disposition Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospice Company (name): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Coroner notified (name): Coroner notified Date: notification date Time: time

I certifying that to my knowledge the information contained herein is true and accurate.

Hospice Representative: _____ print Signed: _____ signature Date: _____ signature date

Prior to submitting this form you must notify a Deputy Coroner at (205) 930-3603.

Upon notification, complete the entire form and fax to (205) 930-3595.