

# EAST BATON ROUGE PARISH CORONER'S OFFICE



## DEATH NOTIFICATION: HOME HEALTH

DATE: \_\_\_\_\_ TIME CORONER NOTIFIED: \_\_\_\_\_

PERSON REPORTING: \_\_\_\_\_

HOME HEALTH AGENCY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DECEDENT NAME: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_

LOCATION OF DEATH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

HISTORY OF TRAUMA, ACCIDENT OR VIRULENT DISEASE:  YES  NO

IF YES, PLEASE DESCRIBE \_\_\_\_\_

ATTENDING PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FUNERAL HOME: \_\_\_\_\_

SMOKER:  YES  NO