

EAST BATON ROUGE PARISH CORONER'S OFFICE



HOSPICE DEATH NOTIFICATION

DATE: _____ TIME CORONER NOTIFIED: _____

PERSON REPORTING: _____

HOSPICE 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: _____

CORONER INVESTIGATOR: _____

SMOKER: YES NO