



To add a patient to the State Medical Examiner's Expected Home Death List the attending physician must sign the completed form and fax it to the appropriate agencies listed at the bottom of this sheet.

Information provided by: _____ Facility: _____

Phone: _____ Date: _____

Patient Name: _____ Patient Phone: _____

Date of Birth: _____ SS# _____

Patient Physical Location (no P.O Box) _____

Family/Contact (Name/Relationship) _____

Address _____ Phone: _____

Funeral Home Choice (mark if not applicable) _____

Physician: _____ Phone: _____

Nature of Illness: _____

As the attending physician for this patient, I confirm the illness above, that death is anticipated, and I agree to sign the death certificate if death occurs out of my presence, and as a consequence of the above illness.

Physician Signature: _____ Phone: _____

Print Name: _____

License # _____

AT TIME OF DEATH complete the bottom portion of this form.

Date of Death: _____ Time of Death: _____

Death Location _____ Death Pronounced By: _____

Time Reported to 1) Medical Examiner _____

1-888-DECEASED or 1-888-332-3273

2) Law Enforcement _____

(Please record name of Law Enforcement officer as well)

After completing the top portion of this form, place on expected death registries by faxing to the State medical examiner at (907) 334-2216 AND ALSO to either the Bethel Police Department at 543-5086 for Bethel residents **OR** the Bethel State Troopers at 543-5102 for YK Delta residents outside of Bethel.