



Please complete this form to document an expected home death. If completing it prior to the patient's death, please send it to the appropriate law enforcement agencies listed below. If completing it after a patient's death, please send it to law enforcement **AND** the medical examiner's office.

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: _____ Print Name: _____

License #: _____ Phone: _____

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)

If completing this form prior to a patient's death, please send it to the appropriate law enforcement agency.
 (For patients who reside in Bethel, fax it to the

Bethel Police Department at 907-543-5086.

For patients who reside in the YK Delta but outside of Bethel, please fax it to the

Alaska State Troopers at 543-5102.)

If completing this form after a patient's death, please send it to
law enforcement AND the medical examiner's office at 907-334-2216.