



YUKON-KUSKOKWIM HEALTH CORPORATION

P.O. Box 287 • Bethel, Alaska 99559 • 907-543-6000

Notification of Death

	APL	DIS	Initials/Code
Primary Provider			

Notify **Life Alaska**. Document reference #
1-888-543-3287

From (clinic, dept. or unit): _____

LIFE ALASKA REFERENCE # _____

This is to inform you that: _____ Reg. No: _____

Expired at: _____ ☐ a.m. ☐ p.m. on: _____
date

This patient was admitted to the hospital at: _____ ☐ a.m. ☐ p.m. on _____
date

Birth date of Patient

Diagnosis of Patient

Is this a Medical Examiner's Case? ☐ Yes ☐ No

(If physician is unable to assign "Cause of Death" on Death Certificate, the case is usually a Medical Examiner's case.)

Were the police or judge (Medical Examiner) notified of the case? ☐ Yes ☐ No

(If a village death, the Alaska State Troopers should be notified instead of the local police.)

Were the relatives informed of patient's death? ☐ Yes ☐ No

Name of next of kin notified: _____

Local phone number for village patients: _____

If this is a Medical Examiner's case, were the relatives informed? ☐ Yes ☐ No ☐ N/A

Other Information:

Provider assigned to the case

Nurse's Signature

Printed Name

Printed Name

Send a copy of this form to:

- ☐ Health Services Vice President
☐ Social Services
☐ Health Information Services

PATIENT INFORMATION

Acct. #: _____

HR#: _____ DOB: ____ / ____ / ____

Name: _____
Last First MI

Residence: _____ Facility: _____

Date of Service: _____