

Coroner's Release Form

Consumer Name _____

Consumer ID _____

Date of Death _____

Hospital _____

_____ I have determined that further investigation is necessary in this case and assume responsibility for the body.

OR

_____ I have determined that no further investigations is necessary and hospital staff may proceed with the following activities:

_____ Contacting next of kin

_____ Contacting LifeLink

_____ Contacting the funeral home to transport the body

(Coroner/Medical Examiner/Designee)

(Date)

DOCUMENTATION OF ACTIONS BY HOSPITAL STAFF FOLLOWING CORONER'S RELEASE

_____ Next of kin contacted

(Staff Name)

(Date and Time)

_____ LifeLink contacted

(Staff Name)

(Date and Time)

_____ Funeral home contacted

(Staff Name)

(Date and Time)