



Baldwin County Coroner

Office: (251) 970-4051

Fax: (251) 947-0263

Email: coroner@baldwincounty.gov

For Office Use Only

Case Number: _____

Date/Time Received: _____

Notification of Hospice Death

Decedent Information:

Name: _____ Date of Birth: _____

Age: _____ Race: _____ Sex: _____ SSN: _____

Address: _____
Street City State Zip

Next of Kin: _____ Relationship: _____

Phone: _____ Phone: _____

Address: _____
Street City State Zip

Date of Death: _____ Time of Death: _____

Place of Death: _____

(Ex: residence address, name of hospital, name of nursing home, hospice home, or specify other)

Pursuant to Code of Alabama 45-37-60 and 22-9A-14, the Coroner's Office should immediately be notified if there is suspicion of criminal violence or criminal neglect, when death occurs in suspicious or unusual circumstances, when deaths are thought to result from trauma or violence, in any prison or penal institution, or when in police custody; whether the cause is known or suspected, primary or contributory, or recent, delayed, or remote.

Please initial:

_____ To the best of my knowledge there have been no injuries, poisonings, or other suspicious circumstances since pre-registration and time of death.

_____ To the best of my knowledge all medications are intact and there is no evidence of poisoning or overdose.

_____ I certify that I have disposed of medications properly.

_____ To the best of my knowledge the death is of natural causes from the terminal diagnosis given.

Circumstances Surrounding Death: _____

(Ex: disease, injury/trauma, motor vehicle collision, suspected overdose, etc.)

Cause of Death: _____

Doctor Certifying the Death: _____ Phone: _____

Medical Facility/Practice Name: _____

Address: _____
Street City State Zip

Funeral Home: _____ Phone: _____

Address: _____
Street City State Zip

Reporting Agency: _____

Phone: _____ **Date of Report:** _____

Name of Hospice Representative: _____

Signature: _____

Date: _____ **Time:** _____