

COMMONWEALTH OF KENTUCKY
Department for Public Health
Registrar of Vital Statistics

See back of form for instructions

Please Press Hard
Making Three Copies

PROVISIONAL REPORT OF DEATH

(A) Name _____ Date of Death _____ Hour _____ A.M.
P.M.

County of Death _____ County of Residence _____ Age _____ Race _____ Sex _____

Facility or location of Death _____
(Include City/State)

Medical Certifier of Certificate: _____
Address _____

Facility Notes: _____

Blood and Body Fluid Precautions Advised? YES _____ NO _____ Blood and body fluid precautions should be observed for any post-mortem procedure regardless of diagnosis.

KENTUCKY ORGAN DONOR AFFILIATES (KODA) - (800) 525-3456

In accordance with HCFA's Conditions of Participation - Section 482.110, all deaths must be referred to KODA, prior to the approach of family, regarding the suitability for organ and/or tissue donation.

Date/Time KODA Contacted: _____ Name of KODA Coordinator: _____

Ruled Out For Donation By KODA: YES _____ NO _____ Family Approached about Donation: YES _____ NO _____

If family approached, was consent given for donation: YES _____ NO _____

Name and Relationship of Family Member Approached: _____

(B) Authorization is hereby granted to _____
Facility Name

to release the remains of the above named to _____
Funeral Home

for the purpose of transportation and/or disposition. _____
Signature Next of Kin

Signature of Local Registrar, Deputy Registrar, Coroner or Hospice Nurse _____ Witness _____

(C) I, representing _____
hereby accept the remains of the above named and agree to secure and file a complete and satisfactory certificate of death within time limits established by KRS 213.

Signature _____ Address _____

City/State _____

(D) I am aware of the circumstances surrounding the death of the above named person and hereby authorize cremation of the remains.

Coroner of _____ County Date _____

(E) Remains of the above named were buried _____ cremated _____

consigned to _____ on _____
Name of Cemetery/Crematory

Address _____

Signature (Sexton or Person in Charge) _____