

**COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS**



Kentucky Public Health
Prevent. Promote. Protect.

Please press hard, making three copies.
See the back of the form for instructions.

PROVISIONAL REPORT OF DEATH

| A. Decedent Information | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Name: | | Last Four SSN: | Race: |
| Date of Birth: | Date of Death: | <input type="checkbox"/> Actual | <input type="checkbox"/> Presumed <input type="checkbox"/> Date Found |
| Time of Death (24-hour format): | | <input type="checkbox"/> Actual | <input type="checkbox"/> Pronounced |
| Age: | Sex: | County of Death: | County of Residence: |
| Facility or Location of Death (Include City/State): | | | |
| Is this a Coroner's Case per KRS 72.025? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Select Event Type: <input type="checkbox"/> Death <input type="checkbox"/> Stillbirth | |
| Certifier Completing Cause of Death: | | | |
| Are blood and body fluid precautions advised? <input type="checkbox"/> Yes <input type="checkbox"/> No (Blood and body fluid precautions should be observed for any post-mortem procedure regardless of diagnosis.) | | | |
| Facility Notes: | | | |
| Network for Hope (NFH) – Phone Number (800) 525-3456 | | | |
| Date/Time NFH Contacted: | | Name of NFH Coordinator: | |
| Was donation ruled out by NFH? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was family approached about donation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was consent given for donation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | NFH Case No.: | |
| Name and Relationship of Family Member Approached: | | | |
| B. Information for Local/Deputy Registrar/Coroner/Hospice Nurse on Transportation of Remains | | | |
| Remains released by (facility name): | | | Phone: |
| Remains released to: <input type="checkbox"/> Funeral Home <input type="checkbox"/> Next of Kin <input type="checkbox"/> Coroner <input type="checkbox"/> Postmortem/Anatomical Recovery Facility | | | |
| Name of funeral home or next of kin that the remains are released to: | | | |
| Local Registrar, Deputy Registrar, Coroner or Hospice Nurse Signature: | | | |
| Next of Kin or Witness (on behalf of Next of Kin) Signature: | | | |
| C.1 Release to Donor Care Unit (DCU) / Anatomical Recovery Facility | | | |
| <i>I, hereby accept the remains of the above-named and agree to secure and file a completed and satisfactory certificate of death within time limits established by KRS 213.</i> | | | |
| Name of Person Taking Custody of the Body: | | | License No.: |
| Signature of Person Taking Custody of the Body: | | | |
| Street Address: | | | |
| City: | State: | Zip: | Phone: |
| C.2 Transfer of Custody to a Funeral Home, Crematory or Other Responsible Party | | | |
| <i>I, hereby accept the remains of the above-named and agree to secure and file a completed and satisfactory certificate of death within time limits established by KRS 213.</i> | | | |
| Name of Person Taking Custody of the Body: | | | License No.: |
| Signature of Person Taking Custody of the Body: | | | |
| Street Address: | | | |
| City: | State: | Zip: | Phone: |
| D. Cremation Authorization to Be Completed by Coroner Only | | | |
| Name of Authorized Coroner: | | County: | Date: |
| <i>I am aware of the circumstances surrounding the death of the above-named person and hereby authorize the cremation of the remains.</i> | | | |
| Authorized Coroner Signature: | | | Coroner Certification No.: |
| E. Sexton Information for Disposition | | | |
| Remains of the above-named were: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Donated | | Date of Disposition: | |
| Consigned to (Name of Cemetery, Crematory or Facility): | | | |
| Street Address: | | City: | State: Zip: |
| Sexton Name: | | | Phone: |
| Sexton Signature: | | | |

Please Note: Answers to any questions relating to the use of this form may be obtained by calling the Office of Vital Statistics (OVS) at (502) 564-4212.

Provisional Report of Death Instructions

Part A

For any questions regarding the use of this form, contact the Kentucky Department for Public Health's Office of Vital Statistics at (502) 564-4212. For inquiries related to organ and tissue donation, contact the **Network for Hope** at (800) 525-3456. Hospice nurses, coroners or facility staff should complete the donation section, when applicable. After a death occurs, Network for Hope must be notified immediately if there are no known disqualifying risks. In accordance with the Health Care Finance Administration's **Conditions of Participation Section 482.110**, all deaths must be referred to the Network for Hope – **before any discussion with the family** – to determine the suitability for organ and/or tissue donation. Any disqualifying conditions should be documented in the designated section. If Network for Hope determines that donation is feasible, the family must be offered the opportunity to donate any eligible organs or tissues.

A Provisional Report of Death must be filed for each **Fetal Death** that occurs in the commonwealth that is **twenty (20) completed weeks gestation or more**, as measured from the start of the last regular menstrual cycle to the date of delivery, or that weighs **three hundred fifty (350) grams or more**.

If the child was born alive, please provide the child's age (days, hours or minutes) at the time of death. A 'live birth' is defined as the complete expulsion or extraction of a human conception from its mother, regardless of the length of pregnancy and any indication of life that the child displays afterward, such as breathing, heartbeat, pulsation of the umbilical cord or distinct voluntary muscle movement.

Any person, hospital or institution finding or having possession of a body whose death occurred under any circumstances defined in **KRS 72.025** shall immediately notify the **coroner or deputy coroner and a law enforcement agency**. Law enforcement must respond to the scene within a reasonable time.

Pursuant to KRS 72.025, any death that occurs under circumstances other than natural **must be reported to the coroner**. This includes, but is not limited to, deaths resulting from **homicide, suicide, violence, drug or poison involvement, motor-vehicle accidents, fires or explosions**; suspected **child abuse**; **sudden or unexplained deaths**; deaths of individuals **under age 40 with no known medical history**; and cases in which **cremation is requested without a medical history** supporting the cause of death.

Part B

To be completed and signed by the coroner, hospice nurse, deputy registrar or local registrar. This information will authorize the custodial exchange of the remains.

Part C

To be completed and signed when custody of the body is transferred to the **owner or employee of the funeral home, crematory, donor care unit (DCU), anatomical recovery facility** or any other person accepting responsibility for **transport or final disposition**. **Part C.1** applies when the body is first released to a **DCU or anatomical recovery facility for donation** and **Part C.2** applies when the body is later released to a **funeral home, crematory or other responsible party** for final disposition. After **Part C** is completed, remove the **Facility Copy (pink)** for the coroner, facility or hospice files; send the **Health Department copy (yellow)** to the county health department's local registrar; and give the **Must Accompany Deceased copy (white)** to the person(s) assuming custody of the body. All health department copies must be submitted to the **local registrar in the county where the death occurred** on a **weekly basis**.

Part D

County coroner in the county of death must sign the Provisional Report of Death to authorize cremation before the body is transported to the crematorium.

Part E

To be completed by the sexton or person in charge of disposition.

Within **five (5) days of completion**, send 'Must Accompany Deceased' copy (white) to the local registrar at the health department in the county of death.