



# Frontier Forensics Nursing Home Report of Death Form

Patient Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Report Date: \_\_\_\_\_ Report Time: \_\_\_\_\_ Reported By: \_\_\_\_\_

Witnessed Death: Y/N Found Dead: Y/N By Whom: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Location of Body When Found: \_\_\_\_\_

Date and Time of Death Pronouncement: \_\_\_\_\_

Relative or Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical History: \_\_\_\_\_

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Medications: \_\_\_\_\_

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Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Funeral Home Name and Phone: \_\_\_\_\_

Brief Narrative About the Patient and Their Death: \_\_\_\_\_

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This form must be completed and faxed to Frontier Forensics office as soon as possible after the death. Fax 913-912-1388. Please call if you have questions or concerns.