



Frontier Forensics Hospice Report of Death Form

Patient Name: _____ Age: ___ Date of Birth: _____ Sex: _____

Address: _____

Report Date: _____ Report Time: _____ Reported By: _____

Agency Name and Phone: _____

Witnessed Death: Y/N Found Dead: Y/N By Whom: _____

Address of Death: _____

Phone Number of Witness: _____

Location of Body When Found: _____

Date and Time of Death Pronouncement: _____

Relative or Next of Kin: _____ Phone: _____

Address: _____

Medical History: _____

Medications: _____

Doctor's Name: _____ Phone: _____

Funeral Home Name and Phone: _____

Brief Narrative About the Patient and Their Death: _____

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.