



Notification of Hospice Death

Shelby County Coroner
108 West College St
Butch Ellis Bldg Room 107
Columbiana, Alabama 35051
Office: (205) 669-3846
Fax: (205) 669-3886
Email: coroner@shelbyal.com

(Mailing Address)
PO BOX 1321
Columbiana, Alabama 35051

For office use only.

Case #: _____

Date/Time received: _____

Employee's name: _____

Date: _____

NOTIFICATION OF THE DEATH OF (full name): _____

Age: _____ Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Date of Death: _____ Time of Death: _____

Place of Death (facility name/address): _____

Address: _____ City: _____ State: _____ Zip: _____

Next of Kin: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

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.

Doctor Certifying the Death: _____ Phone: _____

Medical Facility/Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.):

Manner of Death: (Natural, Accident, Homicide, Suicide, Unknown): _____

Cause of Death: _____

Mortuary: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospice Company (name): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Coroner notified (name): _____ Date: _____ Time: _____

I am certifying that to my knowledge the information contained herein is true and accurate.

Hospice Representative: _____ Signed: _____ Date: _____

Upon notification, complete the entire form - electronically submit OR fax to (205) 669-3886 OR email to

coroner@shelbyal.com