

INSTRUCTION: Please type or print clearly.

A REPORT OF DEATH (To be completed by facility where death occurred)												
Name of deceased (First, middle, last)					Date of death (month, day, year)				Time of de	Time of death (local)		
						Bate of doddi (month, day, year)			AM PM			
County of death	City of o	death						Age	Race		Sov —	
County of death	City of C	ucaiii						7.90	Nace		I Iviaic	
Disco of death (If not facility and as heavital murai	na hama .	ata aire at		Idra aa \							☐ Female	
Place of death (If not facility such as hospital, nursing home, etc. give street address)												
Name of Medical Certifier (official certifier of cause of death) Telephone number												
Name of Medical Certifier (official certifier of cause of death)								Telephone number			r	
									()			
Address of Medical Certifier (number and street, city, state, and ZIP code)												
B RELEASE (To be completed by person begins authority to release remains)												
(To be completed by person having authority to release remains)												
Authorization is hereby granted to release the remains of the above named to: Funeral Home Procurement Agency												
Name of funeral home						City			State	State		
						-						
Name of procurement agency						City			State	State		
Traine of proceduration agonoy												
Signature of representative of facility releasing remains Name of n						Lxt of kin or legal representative authoriz			izing release			
Oignature of representative of facility releasing rema	11113			140	arrie or riex	torkin or legar	гергез	cinalive autili	Jilzing release			
			DUDI	IAL TOAN	CIT DED	NAIT .						
C BURIAL - TRANSIT PERMIT (To be completed by funeral director or representative)												
(· · · · · · · · · · · · · · · · · · ·												
I, representing												
name of funeral home city state telephone number												
hereby accept the remains of the above named and agree to secure and file a complete certificate of death within the time limit established by law.												
Signature of funeral director or representative Printed name of Indiana Lice					nsed Fune	uneral Director Indiana Fun			eral Director License number			
A cortificate of death having been filed as a provisional natification of death received as required by law, permission is bareby given for transportation and												
A certificate of death having been filed or a provisional notification of death received as required by law, permission is hereby given for transportation and disposition of the remains - except for cremation which requires a completed certificate of death.												
									T =			
Signature of Health Officer						Local number			Date filed	Date filed (month, day, year)		
D RESIDENCE (To be completed by funeral director)												
Last known county of residence Last known ad	ldress of d											
Last known county of residence	101033 01 0	cocasca (i	iaiiibci	ana street, on	ly , Sidio, c	na zn coac,						
Address(ss) true (2) years prior to death (number	r and stree	et, city, stat	to and	7ID code)								
Address(es) two (2) years prior to death (number (if different)	and siree	ti, Gily, Stat	c, and	ZIF COUC)								
(number	r and stree	et, city, stat	te, and	ZIP code)								
E DISPOSITION (To be signed by sexton of cemetery or representative of crematory)												
Name of cemetery / crematory	(10 be si	gnea by s	sexton	of cemetery		of disposition (Data of arams	tion (m	anth day year)	
Name of definetery / Grematory					Date	or disposition (monun	, uay, year)	Date of Cleffia	111011 (1110	onth, day, year)	
B) (1) (2) (2) (3) (4) (4) (4) (7) (7)	1.3											
Place of disposition (City, county, state, and ZIP cod	ie)											
Method of disposition (check all that apply)	☐ Buria	ı		Cremation	Пв	Entombment	П	Inurnment	□ Rem	noved f	rom State	
			_	0.0			_					
	☐ Dona	ition		Scattering (I	ocation)							
Cremains returned to : Funeral Director				Family				Cemetery				
								'				
Signature of sexton or crematory representative				1				1	Date (mor	th, day,	year)	