

REPORT AND ABSTRACT OF DEATH

Check if Fetal Death

This report must be sent to the registrar in the county in which death occurred within 24 hours of taking possession of the body. ORS 432.317 (1)

NAME OF DECEASED: _____

DATE OF DEATH: _____ COUNTY OF DEATH: _____

PLACE OF DEATH (Street or Institution): _____

FUNERAL HOME NAME AND ADDRESS: _____

_____ M.E. yes ___ no ___

FOR REGISTRAR USE:

DATE CERTIFICATE FILED: _____ LOCAL # _____

DATE CERTIFICATE SENT TO STATE: _____ TAG # _____

NAME OF SPOUSE: _____ PERMIT RECEIVED: _____

THIS IS NOT A VALID CERTIFICATE OF DEATH AND THIS INFORMATION MAY DISAGREE WITH THE LEGAL DEATH CERTIFICATE.