



24-HOUR NOTICE OF RECEIPT OF BODY
Public Health Division — Center for Health Statistics
This report must be sent to the registrar of the county in which death occurred within 24 hours of taking possession of the body.

Full name of deceased:	
Date of death:	County of death:
Place of death (street, city or institution):	
Funeral home name and address:	Medical examiner notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date report filed:	Date report sent to state:
Local file number (optional):	I.D. tag number:
Disposition permit received? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date received:
<input type="checkbox"/> Check if fetal death	Mother's name from Report of Fetal Death: