

NOTIFICATION OF EXPECTED DEATH IN THE HOME

(To Be Completed by the Attending Physician)

ATTENTION: Funeral Director

Name of Funeral Home:		FAX Number;	
Address:	City:	Province:	Postal Code:

This is being sent to you in anticipation of death at home in the near future. You have been identified as the funeral home of choice.

Patient's Name:	Female <input type="checkbox"/> Male <input type="checkbox"/>	DOB (D/M/Yr)	PHN
Address:	City:	Province:	Postal Code

As the attending physician, I certify that this person is known to me and that to the best of my knowledge and belief, this is a natural and expected death.

Upon death, I authorize you to transfer the body and to complete the Registration of Death.

I or my designate will complete the Medical Certificates of Death within 48 hours.

Name of Attending Physician (Print)	Phone Number:	Fax Number:
Signature of Physician:		Date Signed:
Address:		
Comments:		
Name of Physician's Designate (Print)		
Address:		
Phone Number:	Fax Number:	

****Fax Completed and Signed Form to Funeral Home and if applicable, Home Care****