

NOTIFICATION OF EXPECTED DEATH IN THE HOME

(To be completed by the Attending Physician or Nurse Practitioner)

Attention: Funeral Director

Name of Funeral Home		Phone Number:	
		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		DOB [D/M/Y]	PHN
Address	City	Province	Postal Code

As the attending medical practitioner or nurse practitioner, I certify 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 will complete the Registration of Death within 48 hours.

Name of attending medical practitioner or nurse practitioner [printed]	Phone number	Fax Number
Signature of medical practitioner or nurse practitioner		Date Signed
Address		
Comments		

Fax completed and signed form to:

Funeral Home

Home Care