

COMMONWEALTH OF KENTUCKY  
Department for Public Health  
Registrar of Vital Statistics

See back of form for instructions

Please Press Hard  
Making Three Copies

PROVISIONAL REPORT OF DEATH

(A) Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Hour \_\_\_\_\_ A.M.  
P.M.

County of Death \_\_\_\_\_ County of Residence \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Facility or location of Death \_\_\_\_\_  
(Include City/State)

Medical Certifier of Certificate: \_\_\_\_\_  
Address \_\_\_\_\_

Facility Notes: \_\_\_\_\_

Blood and Body Fluid Precautions Advised? YES \_\_\_ NO \_\_\_ Blood and body fluid precautions should be observed for any post-mortem procedure regardless of diagnosis.

KENTUCKY ORGAN DONOR AFFILIATES (KODA) - (800) 525-3456

In accordance with HCFA's Conditions of Participation - Section 482.110, all deaths must be referred to KODA, prior to the approach of family, regarding the suitability for organ and/or tissue donation.

Date/Time KODA Contacted: \_\_\_\_\_ Name of KODA Coordinator: \_\_\_\_\_

Ruled Out For Donation By KODA: YES \_\_\_ NO \_\_\_ Family Approached about Donation: YES \_\_\_ NO \_\_\_

If family approached, was consent given for donation: YES \_\_\_ NO \_\_\_

Name and Relationship of Family Member Approached: \_\_\_\_\_

(B) Authorization is hereby granted to \_\_\_\_\_ Facility Name \_\_\_\_\_

to release the remains of the above named to \_\_\_\_\_ Funeral Home \_\_\_\_\_

for the purpose of transportation and/or disposition. \_\_\_\_\_ Signature Next of Kin \_\_\_\_\_

Signature of Local Registrar, Deputy Registrar, Coroner or Hospice Nurse

Witness

(C) I, representing \_\_\_\_\_ hereby accept the remains of the above named and agree to secure and file a complete and satisfactory certificate of death within time limits established by KRS 213.

Signature

Address

City/State

(D) I am aware of the circumstances surrounding the death of the above named person and hereby authorize cremation of the remains.

Coroner of \_\_\_\_\_ County Date \_\_\_\_\_

(E) Remains of the above named were buried \_\_\_\_\_ cremated \_\_\_\_\_

consigned to \_\_\_\_\_ on \_\_\_\_\_

Name of Cemetery/Crematory

Address

Signature (Sexton or Person in Charge)

## INSTRUCTIONS

### Part "A"

To be completed by facility, coroner or hospice nurse, KODA should be notified immediately following death if no contraindications exist. If contraindications to donation are identified, document these in the space provided. If, after KODA is contacted, the determination is made that donation is possible, family should be given the option to donate any suitable organs or tissues.

### Part "B"

To be completed and signed by local registrar, deputy registrar, coroner or hospice nurse.

### Part "C"

To be completed and signed when custody of the body is transferred to the owner or employee of the funeral home or other person accepting responsibility for final disposition. When Part "C" is completed, remove pink copy for facility, coroner or hospice files; send yellow copy to the local registrar at the health department in the county of death on a weekly basis; provide white copy to person taking possession of the body.

### Part "D"

Must be completed by the coroner in the county of death before the body is transported for cremation.

### Part "E"

To be completed by the sexton or person in charge of disposition. Within five (5) days of completion, send white copy to the local registrar at the health department in the county of death.

Answers to any questions relating to the use of this form may be obtained by calling the state office of Vital Statistics at (502) 564-4212.

Answers to any questions relating to organ and tissue donation may be obtained by calling the Kentucky Organ Donor affiliates (KODA) at (800) 525-3456.