



# **Marion County Coroner's Office**

521 W McCarty St, Indianapolis, IN 46225

Tel: (317) 327-4744; Fax: (317) 327-4563

**After Hours Tel: 317-202-7373**

**FORM FOR REPORTING DEATHS TO THE CORONER'S OFFICE  
PLEASE SPEAK TO A DEPUTY CORONER AND FAX THIS FORM TO THE OFFICE**

[Please Print]

<b>TODAY'S DATE:</b>	<b>TIME:</b>	<b>DEPUTY CORONER:</b>
<b>FACILITY REQUESTING ASSISTANCE:</b>		<b>PHONE #:</b>
<b>PERSON REQUESTING ASSISTANCE:</b>		<b>PHONE #:</b>

## **DECEDENT INFORMATION**

<b>SUBJECT'S NAME:</b>	<b>DOB:</b>	<b>SEX:</b>
<b>STREET ADDRESS:</b>	<b>AGE:</b>	<b>RACE:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>MARITAL STATUS:</b>		<b>SSN:</b>
<b>NEAREST RELATIVE:</b>	<b>RELATIONSHIP:</b>	<b>PHONE #:</b>
<b>NOTIFIED?: YES / NO</b>	<b>IF YES, BY WHOM:</b>	<b>TIME:</b>

**COMMENTS OR CIRCUMSTANCES THAT RESULTED IN DEATH (E.G. MEDICAL HISTORY)**

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**THE INFORMATION BELOW IS VITAL AND MUST BE COMPLETED**

<b>DATE OF DEATH:</b>	<b>TIME OF DEATH:</b>	<b>PRONOUNCED BY:</b>
<b>LOCATION OF DEATH:</b>		
<b>PRESUMPTIVE CAUSE OF DEATH:</b>		
<b>PHYSICIAN SIGNING DEATH CERTIFICATE:</b>		
<b>PHYSICIAN OFFICE PHONE NUMBER:</b>		