

## **Expedited Death Report Form**

## for Office of the Chief Coroner (OCC) Completion of Medical Certificate of Death

Please complete this template for deaths occurring in your facility and submit to the OCC by one of the following methods:

Email: save and send the completed report as an email attachment to <a href="mailto:occteam@ontario.ca">occteam@ontario.ca</a> or send by email by clicking on "Submit Form" at top right corner of the form.

Secure Web Form: submit the completed report as an attachment in the OCC-OFPS Secure Web Form

Fax: 1-888-247-1845

If you have questions, please contact: 1-833-915-0868 (Toll Free) or 647-792-0440 (Local – Toronto)

Institution:				
Hospital where death occurred:				
City, town or Township:	Regional municipality or county:			
Hospital staff reporting:				
Name:	Role/Title:			
Phone number:	Email:			
Clinician providing information on cause of death:				
Cell phone number:				
Deceased:				
Deceased: Last name:	First and middle names:			
	First and middle names:  Date of Birth (yyyy-mm-dd):			
Last name:				

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Next of Kin:						
Next of kin name:	of kin name: Next of kin relationship:					
Next of kin phone number:						
Issue with Availability of Claimant (Family, F	riend, Next of Kin):	If no, plea	se skip to the	next section		
Please contact the OCC Team for further discussion if no claimant is identified						
. Was there involvement of potential claimants prior to death? Yes No						
2. Was there involvement of other authorities, e.g, Office of the Public Guardian and Trustee,						
lawyers, other decision makers.		Yes	No			
3. Has there been visitation by family in past	6 months?	Yes	No	Unknown		
Funeral Home:						
Funeral Home name:						
Funeral Home phone number:						
Has Funeral Home already been contacted by EDRT? Yes No						
Cause of Death:						
Part 1: Immediate cause of death:						
Antecedent causes, if any:						
Underlying cause of death (stated last):						
Part 2: Significant conditions contributing to death:						
If COVID-19 is listed in cause of death or significant Conditions Contributing to Death:						
Lab confirmation F	Probable or suspect	case				
For OCC Use only - Reference Number:						

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Notes: