COMMONWEALTH OF KENTUCKY
Department for Public Health
Registrar of Vital Statistics
See back of form for instructions

PROVISIONAL REPORT OF DEATH

(A)
Name ___________________________ Date of Death ___________ Hour ________
_________ ___________ ___________
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) ___________

WHITE COPY - Must accompany deceased
YELLOW COPY - Health Department in the County of Death
PINK COPY - Facility Copy
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.