

NOTIFICATION OF DEATH

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC VITAL RECORDS

FUNERAL DIRECTOR'S COPY

Name of Deceased	<small>First</small>	<small>Middle</small>	<small>Last</small>	Date of Death
Place of Death	<small>Name of Institution or Street Address</small>		<small>City</small>	<small>County</small>
Attending Physician Medical Examiner*	<small>Name</small>		<small>Address</small>	
Funeral Home	<small>Name</small>	<small>Telephone No.</small>	<small>Address</small>	
Signature of Authorized Representative				Date Signed

*FOR MEDICAL EXAMINER CASES ONLY - I certify that the body of the above-named decedent has been released by the above-named medical examiner for final disposition.

Signature: _____
Funeral Director or Authorized Representative

IMPORTANT NOTICE

The funeral director who first assumes custody of a body must:

1. File a Notification of Death with the local registrar of the district in which death occurred within 24 hours after taking possession of the body, and
2. File a death certificate within 5 days after death.

See back of this form for instructions pertaining to burial transit permits for Medical Examiner cases and removals from the state.

FOR FUNERAL DIRECTOR'S USE ONLY

	<small>Date Mailed or Delivered</small>
Notification of Death	
<small>Date Due</small>	<small>Date Filed</small>
Death Certificate	
Follow-up Efforts and Activities (Note parties and dates contacted)	