

Report of Death

PA# _____

THE BRONX PUBLIC ADMINISTRATOR'S OFFICE

FULL NAME OF DECEASED: _____ DATE: _____

DECEDENT'S CITIZENSHIP: U.S. _____ OTHER (COUNTRY) _____

DOB: _____ DOD: _____ SOCIAL SECURITY #: _____

RACE: _____ SEX: _____ RELIGION: _____ MARITAL STATUS: _____

PLACE OF DEATH: _____

LAST RESIDENCE: _____

Circle One: HOUSE/COOP/CONDO/RENTAL/PROGRAM: _____ KEYS: Y/N _____

PLACE OF DEATH: _____

NEXT OF KIN (List Relationship to Decedent/ and contact info):

REPORTER/INFORMANT

ME: ME#: _____ DATE OF ADMISSION: _____

HOSPITAL: _____ DATE OF ADMISSION: _____

NH: _____ DATE OF ADMISSION: _____

OTHER (List Relationship to Decedent/ and contact info): _____

ASSETS:

<input type="radio"/> CHANGE OF ADD. _____	_____
<input type="radio"/> PRE-PLAN _____	_____
<input type="radio"/> VET-CHECK _____	_____
<input type="radio"/> D/C _____	_____
<input type="radio"/> U.C.FUNDS _____	_____
<input type="radio"/> SAFE BOX _____	_____
<input type="radio"/> INV.MEMO _____	_____
<input type="radio"/> REAL ESTATE _____	_____
<input type="radio"/> WILL/ GUARDIAN _____	_____
<input type="radio"/> FUNERAL CLAIM _____	_____
<input type="radio"/> HRA CLAIM _____	_____

INFORMATION FROM: _____ INTERVIEWED BY: _____
CONTACT: _____ CASE MANAGER: _____

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BURIAL INFO

FUNERAL HOME: _____ FAMILY PLOT: _____

TO WHOM WAS BODY RELEASED: _____

RELATIONSHIP TO DECEDENT: _____

DATE OF BURIAL: _____

OFFICIAL NOTARY PUBLIC CERTIFICATION AND SEAL

Sworn before me on this date DAY OF , 20

Signature of Notary Public

Signature(s)

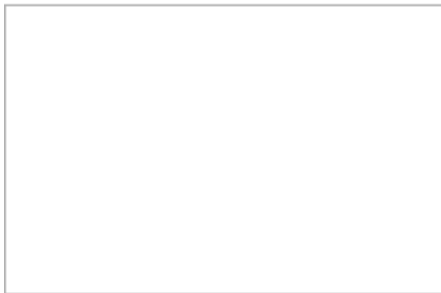
State

Country

Expiration of Commission

MM/DD/YYYY

AFFIX NOTARY PUBLIC SEAL BELOW



INFORMATION FROM:

INTERVIEWED BY:

CONTACT:

CASE MANAGER:
