

CHAPLAINCY DECEASED PRISONER NOTIFICATION LOG

Name of Prisoner _____ Offender # _____

Institution _____ Date/Time of Death _____

Cause of Death _____

Name of Next of Kin _____ Relationship _____

Address/Phone _____

Name of Next of Kin _____ Relationship _____

Address/Phone _____

Name of Next of Kin _____ Relationship _____

Address/Phone _____

Notification to family (Date/Time) _____ Notified By _____

Notified Next of Kin Regarding DOC Policy Cost of Transporting Body (Date) _____

Designated Mortuary _____

Next of Kin Choice of Burial or Cremation _____

Informed Next of Kin of Information Regarding Public Assistance (Date) _____

Sent Next of Kin Information Regarding Public Assistance (Date) _____

Informed Next of Kin Regarding Policy on Return of Personal Property (Date) _____

Sent Next of Kin Forms for Return of Personal Property (Date/Time) _____

Received Completed Notarized Affidavit for Collection of Personal Property (Date) _____

Received Original Copy of Death Certificate (Date) _____

Notified DOC to Release Prisoner Property to Next of Kin (Date) _____

Notified DOC to Release Money on Prisoner Acct to Next of Kin (Date) _____

Other Information _____
