

Resident County Notification of Child Death

*A resident of your county had died in _____ County.
The following is known case information for your Child Death Review Team*

An autopsy was performed at the _____ County Medical Examiner's Office.
Phone # () ____ - _____ Investigator/Medical Examiner: _____
Fax # () ____ - _____ E-mail address: _____
Case # _____

Child Information

Name : _____ DOB: _____ DOD: _____ Sex: M / F Race _____
Address of Residence: _____ City: _____ State: _____ Zip: _____

Parent Information

BIO / Mother's Name: _____ DOB: _____
SAA () Address _____ Phone: () ____ - _____

BIO / Father's Name: _____ DOB: _____
SAA () Address _____ Phone: () ____ - _____

Foster Home () Day Care Provider () Relative Home Placement () Other _____
Name(s): _____ DOB: _____
Address: _____ Phone: () ____ - _____

Investigation Information

Scene Investigation? Yes / No Investigator: ME / MEI Law Enforcement other _____
Police Investigation? Yes / No Officer: _____ Agency: _____
Police # _____ Phone: () ____ - _____ Pager: _____

Medical Information

Transported to: _____ Hospital Via: Police / Fire / EMS / Private transport
Date: _____ Arrival Time: _____ AM / PM Pronounced at _____ AM / PM
Address: _____ Phone: () ____ - _____
Autopsy Done: Yes / No Autopsy # _____ Medical Examiner: _____
Manner of Death: Accident/Homicide/Natural/Suicide/Undetermined/Pending
Cause of Death: _____

Description of Terminal Event, Other History, and Notes