



COVID Death Reporting Form for OCME

Office of the Chief Medical Examiner
860-679-3980 (MAIN)

All suspected or confirmed COVID deaths must be reported to the OCME. You may fax this form along with a *copy of the completed death certificate* to 860-679-0355 (FAX).

Hospital/Facility: _____ **Your Name:** _____

Contact Number: _____

Name of Patient: _____ **Medical Record #:** _____

DOB: ____/____/____ **Sex:** _____ **Race/Ethnicity:** _____

Date of Hospital Admission: ____/____/____

Place of Death (circle): **DOA** **ED** **Inpatient**

Date of Death: ____/____/____ **Time of Death:** _____

COVID TEST RESULT (circle): Positive Negative Pending Not Tested

Arrived from (circle): **Residence - or - Facility:** _____
(Name of Facility)

Street: _____

Town: _____ **State:** _____

Next-of-Kin Name: _____ **Phone:** _____

Funeral Home: _____



Fax this form AND a copy of the completed death certificate to: 860-679-0355

