

Mortuary Request for Review Form

**Email this form and a completed working copy of the death certificate to
Coroner_DeathCert@ocsheriff.gov**

Mortuary

Mortuary name: _____

Contact person (first and last name): _____

Direct phone number: _____

Fax number: _____

Decedent

Full name: _____

EDRS record number: _____

Physician

Signing physician's name: _____

Phone number: _____

Contact person (if other than the physician): _____

Legal Next of Kin

Name(s): _____

Phone number(s): _____

Relationship to the decedent: _____

Location of Death

Facility name: _____

Phone number: _____

Comments

