

**REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE
 AND OUT-OF-STATE BURIAL TRANSIT PERMIT**
 To be Completed by a Wisconsin Licensed Funeral Director or Person Acting as Such
 TYPE OR PRINT IN PERMANENT BLACK INK.

1. NAME OF DECEDENT (First / Middle / Last)		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	3a. DATE PRONOUNCED DEAD (Month / Day / Yr.)	3b. TIME PRONOUNCED Hour _____ Min _____ M
3c. DATE AND TIME PERSON IN 18b NOTIFIED OF DEATH (Month / Day / Year) Hour _____ Minute _____ M		4. AGE or <input type="checkbox"/> Stillborn	5. CITY, VILLAGE, TOWNSHIP OF DEATH	6. COUNTY OF DEATH
7. PLACE OF DEATH (Check one if died in hospital.) <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA from NH <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpatient <input type="checkbox"/> ER from NH <input type="checkbox"/> ER from Other		8. OTHER PLACE <input type="checkbox"/> Nursing Home <input type="checkbox"/> CBRF <input type="checkbox"/> Residence of Decedent <input type="checkbox"/> Other (Specify) _____		9. NURSING HOME LIC. NO. (Do not list CBRF or hospice license.)
				10. HOSPICE STATUS Patient enrolled in hospice at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
11a. NAME OF INSTITUTION AND CAMPUS (Or Name of Hospice Organization)			11b. COMPLETE MAILING ADDRESS OF INSTITUTION OR HOSPICE	
12a. DEATH PRONOUNCED BY (Only professionals listed may pronounce death. A hospice R. N. may only pronounce death in certain circumstances.) (Check one.) <input type="checkbox"/> Physician <input type="checkbox"/> Coroner/M.E. or Deputy <input type="checkbox"/> Hospice R.N. (Item 10 Must be "Yes")			12b. NAME OF PERSON WHO PRONOUNCED DEATH	
Death Certificate Medical Certifier Information The medical certifier must be one of the following: Physician with a valid Wisconsin physician license (not 1 st year resident) Physician with a temporary Wisconsin physician license Other licensed physician working in a Veteran's Hospital Coroner/Medical Examiner or Deputy Coroner/Medical Examiner			13. DEATH CERTIFICATE TO BE SIGNED BY NAME _____ TITLE _____ ADDRESS _____	
14a. NOTIFICATION OF CORONER OR MEDICAL EXAMINER REQUIRED? (See list in item 17 and check with the Coroner/M.E. of jurisdiction regarding county policies. Reportable deaths must be reported prior to removal of body and embalming.) <input type="checkbox"/> Yes <input type="checkbox"/> No			14b. COUNTY OF INCIDENT, (If 14a is "Yes")	
Information in items 15-28b is for Funeral Director, Coroner/Medical Examiner and Local Registrar use and for out-of-state transit. It is not open to public inspection.				
ITEMS 15-16 MUST BE COMPLETED ON CREMATORY COPY FOR DIRECT CREMATIONS AND FOR OUT-OF-STATE TRANSIT COPY ONLY		15a. MANNER OF DEATH (As listed on death certificate) <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		15b. CAUSE OF DEATH (General description from the death certificate)
16. COMMUNICABLE DISEASE ALERT. Is any communicable disease or condition documented in the decedent's medical record which indicates that isolation techniques (above universal precautions) should be used for preparation and embalming? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," provide details to authorized persons on a separate document.				
17. CHECK APPLICABLE BOX(ES) IF DEATH IS REPORTABLE. (Case to be reported to the Coroner/M.E. under Wis Stats. 30.67, 346.71, 350, 155, 979.01 and 979.025) • For a case reported in 1-10, the Coroner or Medical Examiner must sign the death certificate (unless it is determined that the initially reported condition played no role in the cause of death). • For certain cases reported under item 11, a Coroner or Medical Examiner may waive jurisdiction for signing the death certificate. <input type="checkbox"/> 1. Homicide or suicide (includes homicide due to acts of bioterrorism) <input type="checkbox"/> 2. Death following a recent accident, even if the injury is not the underlying cause of death (e.g., hip fracture still significantly affecting the health of the decedent at the time of death) <input type="checkbox"/> 3. Death following an old injury (no time limit) if the injury significantly affected the health of a patient at the time of death (e.g., death from renal failure due to quadriplegia due to old gunshot wound) <input type="checkbox"/> 4. Death due to poisoning <input type="checkbox"/> 5. Death following abortion <input type="checkbox"/> 6. Death involving motor vehicle, snowmobile, all-terrain vehicle or boat <input type="checkbox"/> 7. Death with no physician or accredited spiritual healer in attendance 30 days preceding death <input type="checkbox"/> 8. Death of a correctional inmate <input type="checkbox"/> 9. When, after reasonable efforts, the physician cannot be obtained or will not sign the death record in time or in an emergency situation as determined by the Coroner/Medical Examiner <input type="checkbox"/> 10. Death with unexplained, unusual or suspicious circumstance (includes sudden unexplained death at any age) <input type="checkbox"/> 11. Death reportable under individual county Coroner/M.E. policies (e.g., 24-hour rule, home deaths)				
			Local Registrar Certification for International Transit _____ SIGNATURE - Local Registrar Date Signed	
FAMILY DISPOSITION. If a family member transports a body for final disposition, the family member must personally prepare for and conduct the final disposition. He or she must complete the death certificate, obtain the medical certification of cause of death, and file the death certificate with the appropriate Register of Deeds (or the Milwaukee or West Allis City Health Office) [Wis. Stat. 69.18 (1)]. For cremation, the family must obtain a release to cremate from the appropriate Coroner or Medical Examiner (Wis. Stat. 979.10).				
18a. STATUS OF PERSON REMOVING BODY <input type="checkbox"/> Wisconsin Licensed Funeral Director <input type="checkbox"/> Immediate Family <input type="checkbox"/> Coroner/Medical Examiner Office (Body storage or disposition)		18b. NAME OF FUNERAL DIRECTOR (Or Person Acting as Such)		18c. WIS. FUNERAL DIRECTOR LICENSE NUMBER (If applicable)
18d. FUNERAL HOME NAME (If applicable)			18e. MAILING ADDRESS OF FUNERAL HOME (Or Address of Person Acting as Such)	
19. SIGNATURE - Funeral Director (Or Person Acting as Such) ➤ _____		20. PHONE NUMBER (_____) _____		21. DATE SIGNED (Month / Day / Year)
22. EXPECTED TYPE OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entomb. <input type="checkbox"/> Donation to Medical School <input type="checkbox"/> Unk.		23. EXPECTED DATE OF DISPOSITION (Month / Day / Year) <input type="checkbox"/> Pending		24. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory) <input type="checkbox"/> Pending
25. CITY, VILLAGE OR TOWNSHIP OF DISPOSITION		26. COUNTY		27. STATE
				28a. ORIGINAL TO <input type="checkbox"/> Register of Deeds (Or Milwaukee or West Allis CHO) 28b. COPY TO <input type="checkbox"/> Coroner / Medical Examiner <input type="checkbox"/> Cemetery / Crematory <input type="checkbox"/> Out-of-State Transit

IMPORTANT NOTES

- This form must be sent to the local registrar (Register of Deeds or Milwaukee or West Allis City Health Office) within 24 hours of death (Wis. Stat. 69.18).
- This form must be sent to the appropriate Coroner/Medical Examiner (usually the Coroner/Medical Examiner in the county of death) within 24 hours of death (Wis. Stat. 69.18).
- If item 17 indicates the case was reportable under Wis. Statutes, this document must be filed with the Coroner/Medical Examiner listed in item 14b.
- The filing of this document does not constitute notification of the Coroner/Medical Examiner under Wis. Stat. 979.01.
- This document is not required for in-state disposition of a stillbirth. For out-of-state transit of a stillbirth, this document must accompany the body, but is not filed with the local registrar or the Coroner/Medical Examiner. For stillbirths of a fetus 20 weeks or more gestational age or 350 grams or more weight, the hospital will file a fetal death report with the State Vital Records Office. For all neonatal deaths, the funeral home must verify the legal status of the neonate (liveborn or stillborn) before removing the body to insure legal documentation of the event.
- **Failure to comply with filing requirements for this document could result in a fine of not more than \$1,000 or imprisonment for 90 days or both [Wis. Stats. 69.24 (2)(d)].**