

# NOTIFICATION OF DEATH

NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NC VITAL RECORDS

LOCAL REGISTRAR'S COPY

<b>Name of Deceased</b>	First	Middle	Last	<b>Date of Death</b>
<b>Place Death</b>	Name of Institution or Street Address		City	County
<b>Attending Physician Medical Examiner*</b>	<input type="checkbox"/> <b>Attending Physician</b> <input type="checkbox"/> <b>Medical Examiner*</b>		Name	Address
<b>Funeral Home</b>	Name	Telephone No.	Address	
<b>Signature of Authorized Representative</b>				<b>Date Signed</b>

**\*FOR MEDICAL EXAMINER CASES ONLY** — I certify that the body of the above-named decedent has been released by the above-named medical examiner for final disposition.

Signature: \_\_\_\_\_  
Funeral Director or Authorized Representative

### IMPORTANT NOTICE

The funeral director who first assumes custody of a body must:

1. File a Notification of Death with the local registrar of the district in which death occurred within 24 hours after taking possession of the body, and
2. File a death certificate within 5 days after death.

See back of this form for instructions pertaining to burial transit permits for Medical Examiner cases and removals from the state.

**THIS FORM MAY BE FAXED TO LOCAL REGISTRAR.**

### FOR LOCAL REGISTRAR'S USE ONLY

	Date Received
<b>Notification of Death</b>	
Date Due	Date Received
<b>Death Certificate</b>	Date Filed with Register of Deeds
<b>Follow-up Efforts and Activities (Note parties and dates contacted)</b>	