

DEATH REGISTRATION DELAY REPORT

(To be filed each time a death certificate is not complete at the end of the 5 day extension, excluding weekends)

FROM: Funeral Director/Direct Disposer _____

Name of Establishment _____

County of the Establishment _____ Phone # _____

TO: Local Registrar, _____ County Health Department
(County of Death)

SUBJECT: DEATH CERTIFICATE

Re: _____
(Decedent)

(Date of Death)

CERTIFIER:

Dr. _____, Physician/Medical Examiner of _____, Florida
(City)

EFFORTS MADE TO OBTAIN COMPLETED DEATH CERTIFICATE:

1. Date certificate made available to doctor _____ Method: Mail By Hand

2. Method used for Follow-up:

(a) Telephone, Date _____ Who contacted _____

Their response:

(b) Letter(s) Yes No Attached Copy(ies) Yes No

(c) Visit(s), Date(s) _____ Who Contacted _____

Their response:

3. Other Comments:

4. Is there any indication when the certificate will be completed and filed?

No Yes Date _____

5. _____
(Date)

X _____
(Signature--Funeral Director/Direct Disposer/Subregistrar)

DEATH REGISTRATION DELAY REPORT

Funeral Director/Direct Disposer is to file this report **with the Local Registrar of the county in which death occurred** each time a death certificate is not complete upon the termination of the 5 day extension indicated on the Burial-Transit Permit which was filed for this decedent.

"If the physician or medical examiner has indicated that he or she will sign and complete the medical certification of cause of death, but will not be available until after the 5-day registration deadline, the local registrar may grant an extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar." Chapter 382.008(3)(b) Florida Statutes.

VS Form 1355, the Funeral Director/Direct Disposer Report is provided to facilitate and simplify this process.

SPECIAL INSTRUCTIONS TO COMPLETE REPORT

CERTIFIER Enter the name of the physician or medical examiner contacted relative to completing the medical certification of cause of death.

Item 1. Enter date certificate was made available to the doctor and the method by which it was made available. E.G. Date--8/15/99 Method--by hand or by mail.

Item 2. Enter the methods used to contact the physician and all subsequent follow-up.

Item 4. If response is "Yes", enter the date the record is expected to be available.

Item 5. Enter the date the form is completed and the appropriate signature.

NOTE: This form should be completed *in its entirety* in order that proper and complete documentation is on file relating to the registration of death for the decedent.

LOCAL REGISTRAR INSTRUCTIONS

1. Review report for completeness and possible noncompliance.
2. If appropriate, initiate letter of instruction/noncompliance to responsible party.
 - a. Send letter *Certified Mail Return Receipt*
 - b. Copy letter to local registrar
 - c. Copy letter to Quality Assurance Field Representative at the state office