

# Death Notification Contact Information

Cause of Death (in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next of Kin Contact Information:

Next of Kin Name(s): \_\_\_\_\_  
Relationship(s) to Deceased: \_\_\_\_\_  
Home Phone Number(s): \_\_\_\_\_  
Cell Phone Number(s): \_\_\_\_\_

Other Support Contact Information (Name, Phone Number):

Chaplain: \_\_\_\_\_  
Social Worker: \_\_\_\_\_  
Interpretation Services: \_\_\_\_\_  
Support Organizations:  
Organization #1: \_\_\_\_\_  
Organization #2: \_\_\_\_\_  
Organization #3: \_\_\_\_\_

Stakeholder Contact Information (Name, Phone Number):

Hospital Leadership: \_\_\_\_\_  
Hospital Public Relations: \_\_\_\_\_  
Law Enforcement Contact: \_\_\_\_\_  
Fire Department Contact: \_\_\_\_\_  
Alternate Professional Point of Contact (Name, Phone Number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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