TEHAMA COUNTY SHERIFF/CORONER'S OFFICE

Mailing Address: P.O. Box 729, Red Bluff, CA 96080
Coroner's Office: 22840 Antelope Blvd., Red Bluff, CA 96080 (530) 527-1130 / (530) 529-3116 FAX

CAUSE OF DEATH (COD) ASSISTANCE REQUEST

Purpose: This form is to be submitted when a funeral home is requesting Coroner review due to an inability to obtain a cause of death certification from the responsible physician or medical office.

INSTRUCTIONS

1. Complete all sections below.
2. Attach documentation of all communication attempts.
3. Attach any written denial received from the physician or medical office.
4. Save this completed form, then click **Email Request** at the end of the form to email it to coroner@tehamaso.org.

SECTION 1 — DECEDENT INFORMATION

Name of Decedent:

Date of Death: **Date of Birth:**

Place of Death: ○ Residence/Home ○ Hospital ○ Nursing Facility ○ Other

Facility Name: (hospital, nursing facility or other location)

Address of Place of Death:

SECTION 2 — FUNERAL HOME INFORMATION

Funeral Home:

Funeral Home Associate:

Phone Number: **Email Address:**

SECTION 3 — ATTENDING PHYSICIAN INFORMATION

Physician Name:

Medical Office/Facility:

Phone Number: **Fax Number:**

SECTION 4 — DOCUMENTATION OF CONTACT ATTEMPTS

Please list all attempts made to obtain cause of death certification. Attach additional pages if necessary.

Date	Person Contacted	Method	Outcome

SECTION 5 — REQUEST ELIGIBILITY

☐ A minimum of 7 business days has elapsed since the date of death and documented attempts have been made to obtain certification.

OR

☐ A formal written denial from the physician/medical office is attached.

For hospital deaths:

☐ Written denial/refusal from the attending physician or responsible medical office is attached.

SECTION 6 — REASON FOR REQUEST

Please provide a brief summary of why Coroner assistance is being requested:

SECTION 7 — CERTIFICATION

I certify that the information provided is accurate and that all reasonable efforts have been made to obtain cause of death certification directly from the responsible physician or medical office.

_____ **Date:**

Funeral Home Associate Signature

SUBMIT THIS REQUEST

Email Request

1. Save this completed PDF (File > Save, or the download button in a web browser).
2. Click Email Request. A new email to coroner@tehamaso.org opens with the subject and a short message to fill in.
3. Attach the saved PDF and your supporting documentation to the email, then click Send.

No email program? Send the saved PDF and documentation from any email account to coroner@tehamaso.org with the subject 'COD Assistance Request.'

FOR CORONER'S OFFICE USE ONLY

Date Received: **Reviewed By:**

Disposition:

- ○ Accepted for Review
- ○ Additional Information Required
- ○ Denied – Eligibility Requirements Not Met

Comments: