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 determination** from the responsible physician or medical office.

BEFORE YOU BEGIN

1. **Work with the physician first.** Please give the physician or medical office at least **7 business days**, or attach their **written denial** if they have told you they will not certify. For hospital deaths, a written denial or documented refusal from the attending physician is needed.
2. **Try more than one way to reach them** (phone, fax, email or in person) and list each attempt in Section 5. This shows us the physician has had a fair chance to respond.
3. **This process is for cause of death only.** If the delay is about a signature, a physician's schedule, vacation, or office paperwork, please keep working with the physician's office directly.
4. **Send requests to the Coroner's Office** by email to coroner@tehamaso.org or by fax to (530) 529-3116.
5. **Each request is reviewed individually.** Complete requests help us respond faster. We may ask for more information or decline a request if the steps above haven't been met.

Thank you for your partnership in serving the families of Tehama County.

☐ **I have read the information above.***

SECTION 1 — DECEDENT INFORMATION

Name of Decedent:

Date of Death:

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 — REASON FOR REQUEST

WHAT TO INCLUDE

- Who you spoke with (name and role) and exactly what they told you.
- The specific reason the physician will not certify (for example, they refused, are not the treating physician, are retired or no longer practicing, or the decedent had no physician).
- Whether another physician in the same practice or facility was asked to certify.

Not enough: “The doctor will not respond.”
Helpful: “On 11/12, office manager Jane Doe said Dr. Smith has not treated the decedent since 2023 and will not sign. A second physician in the practice also declined. Written denial attached.”

Your reason for request:*

SECTION 5 — DOCUMENTATION OF CONTACT ATTEMPTS

List every attempt to obtain cause of death certification. **More than one method of contact is required** (for example, phone and fax). Attach additional pages if necessary.

Date	Person Contacted	Method	Outcome

SECTION 6 — REQUEST ELIGIBILITY

Check all that apply.

At least **7 business days** have passed since the date of death, with documented attempts to obtain certification.

OR

A **written denial** from the physician is attached *(required if submitting before 7 business days)*.

Hospital deaths:

A written denial or documented refusal from the attending physician is attached.

All requests:

More than one method of contact was used (see Section 5).

This request is about determining the **cause of death**, not a signature or routine delay.

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.

I understand this request will be reviewed and may be declined or returned for more information.

Date:

Funeral Home Associate Signature

SUBMIT THIS REQUEST

1. Save this completed PDF to your computer or phone:

- In a web browser: click the Download or Save icon (usually at the top right of the PDF).
- In Adobe Acrobat or Reader: choose File > Save As.

2. Send the completed form and your supporting documentation to the Coroner's Office by email or fax:

- Email: coroner@tehamaso.org (subject: "COD Assistance Request")
- Fax: (530) 529-3116 (print the completed form and fax it with your documentation)

FOR CORONER'S OFFICE USE ONLY

Date Received: **Reviewed By:**

Disposition:

- ◯ Accepted for Review
- ◯ Additional Information Required
- ◯ Denied

If denied or more information is required, reason(s):

Inadequate reason for request shown

Signature delay only / routine delay (physician schedule, vacation or administrative issue)

Fewer than 7 business days and no formal written denial attached

Hospital death without written denial or documented refusal from attending physician

Contact attempts not documented, or only one method of contact used

Required documentation missing

Other:

Funeral home notified on: **Method:**

Comments: