

	<h1>Bureau of Corrections</h1>	Document Reference Code NBP-PR-008-F083	
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DEATH INFORMATION SLIP		Page 1 of 1	

DEATH INFORMATION SLIP

NAME: _____

PRISON NO. : _____

SECTION: _____

DATE OF DEATH: _____

TIME OF DEATH: _____

CAUSE OF DEATH: _____

Chief of Hospital

DEATH INFORMATION SLIP

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PRISON NO. : _____

SECTION: _____

DATE OF DEATH: _____

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