

Bureau of Corrections

Document Reference Code NBP-PR-008-F083 Revision No. Effectivity Date 0 01/05/2018

DEATH INFORMATION SLIP

Page **1** of 1

DEATH INFORMATION SLIP DEATH INFORMATION SLIP NAME: _____ NAME: _____ PRISON NO. : _____ PRISON NO. : _____ SECTION: SECTION: DATE OF DEATH: _____ DATE OF DEATH: TIME OF DEATH: _____ TIME OF DEATH: _____ CAUSE OF DEATH: _____ CAUSE OF DEATH: _____ Chief of Hospital Chief of Hospital DEATH INFORMATION SLIP DEATH INFORMATION SLIP NAME: NAME: PRISON NO. : _____ PRISON NO. : SECTION: SECTION: DATE OF DEATH: _____ DATE OF DEATH: TIME OF DEATH: _____ TIME OF DEATH: _____ CAUSE OF DEATH: _____ CAUSE OF DEATH: _____ Chief of Hospital Chief of Hospital