FORM #4013A (11/13)

# INMATE DEATH NOTIFICATION

INMATE'S NAME:_____DIN:_____DOB:_____

FACILITY:_____RELIGION: _____

DATE OF DEATH:_____TIME OF DEATH: _____

CAUSE OF DEATH:_____LOCATION OF DEATH:_____

NAME OF FACILITY CHAPLAIN NOTIFIED:_____

TIME OF NOTIFICATION: _____DATE OF NOTIFICATION: _____

NAME OF PERSON MAKING NOTIFICATION:_____

TIME OF NOTIFICATION:_____DATE OF NOTIFICTION:_____

**NOTIFICATION INFORMATION/PERSON NOTIFIED:**

NAME:_____RELATIONSHIP:_____

ADDRESS:_____PHONE NUMBER: _____

CITY: _____ STATE: _____ZIP CODE: _____

FAMILY NOTIFIED OF ALTERNATIVES FOR FUNERAL SERVICES: YES _____ NO_____

WILL FAMILY CLAIM THE REMAINS? YES _____ NO_____

IF "YES," THEN LIST THE DATE WHEN INMATE'S REMAINS WERE TRANSFERRED TO THE FUNERAL HOME:_____

NAME OF FUNERAL HOME: _____

ADDRESS: _____PHONE NUMBER:_____

CITY: _____ STATE: _____ ZIP CODE: _____

**CONSULATE INFORMATION:**

COUNTRY OF ORIGIN: _____

CONSULATE'S PHONE NUMBER w/ area code: _____

NAME OF PERSON NOTIFIED: _____

TITLE OF PERSON NOTIFIED: _____

REMARKS:_____

_____

_____

(Attach additional sheets if needed to document efforts to locate emergency contact or next of kin or other significant information.)

FOR STATE BURIALS: NOTE: The "sending" facility shall complete all relevant information and submit this form electronically along with the required Outlook e-mail notification to the "burial" facility Coordinating Chaplain, Deputy Superintendent for Program Services, and Deputy Superintendent for Administrative Services. The "burial" facility will submit the completed form electronically to the Division of Ministerial, Family and Volunteer Services via Outlook e-mail attachment to MFVS@doccs.ny.gov.

DATE & TIME OF BURIAL:_____ PLACE OF BURIAL: _____

PRESIDING CHAPLAIN: _____

(Print Name and Title)

DISTRIBUTION: – ORIGINAL - CENTRAL OFFICE DIVISION OF MINISTERIAL, FAMILY AND VOLUNTEER SERVICES
cc: Superintendent Deputy Superintendent for Administration (DSA) Inmate Records Coordinator (IRC)
Steward's Office Watch Commander's Office Chaplain's Office