



Please complete all fields

Coroner Last Name		Coroner First Name	
Date Call Received (yyyy/mm/dd)		Time Call Received	
Caller Last Name		Caller First Name	
Caller Position		Telephone No. (incl. area code)	
Deceased Last Name		Deceased First Name	
Date of Birth (yyyy/mm/dd)		Date of Death (yyyy/mm/dd)	
Place of Death (Address)			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code
Brief Circumstances of Death/Action Plan			

1. Was the death all natural?
i.e. was the death entirely due to natural causes without contribution from a non-natural condition or event Yes No
 2. Was the death **reasonably** foreseeable and does the cause flow logically from a natural disease process? Yes No
 3. Is there a designated health care practitioner to complete the Medical Certificate of Death? Yes No
 4. Is the case free of significant care related concerns from either family or care providers? Yes No
 5. Are OCC policy and/or Section 10 (2)(3) statutory obligations excluded? Yes No
- Includes:**
- Child with CAS involvement (direct service in the past 12 months);
 - Threshold case for a long term care facility;
 - Decomposed body;
 - Need for positive identification;
 - Deaths in:
 - a) Charitable institutions
 - b) Children's residence under the *Child & Family Services Act*
 - c) A supported group living residence under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act*
 - d) A psychiatric facility under the *Mental Health Act*
 - e) An institution under the *Mental Hospitals Act*
 - f) A public or private hospital to which the person was transferred from a facility, institution or home referred to in a) to e) above.

Accepted for a Death Investigation? (Criteria – answer "No" to any of questions #1-5, and/or careful consideration of Section 10 criteria)

Declined for Investigation? If yes, inclusion criteria for reporting and payment met?

Electronically submit **Case Selection Data Form & Case Selection Invoice** to the Regional Supervising Coroner's Office via Enterprise Attachment Transfer Service (EATS) or via Fax if EATS is unavailable for payment.