

Mandated Disclosure Of
COVID-19
Coronavirus Disease 2019

This Disclosure reflects the Centers for Disease Control (CDC) National Center for Health Statistics (NCHS) interim guidance for Certifying and reporting cause of death information as related to the Coronavirus Disease 2019 (COVID-19).

It is our goal, as it is imperative we protect the health and safety of our staff, affiliates and the families we serve. This disclosure has been implemented to effectuate and achieve the aforementioned.

Name of Deceased: _____ Date of Death: _____
Location of Death: _____ Residence or _____ Healthcare Facility/Hospital
Name of Healthcare Facility/Hospital _____
Facility or Residence Street address: _____
City: _____, California Zip: _____
Phone Number: _____ Alt-Number: _____

Was the Death due to COVID-19 / Coronavirus Disease 2019? ___ Yes ___ No
Was COVID-19/Coronavirus Disease 2019 an underlying condition? ___ Yes ___ No
Have any immediate family members tested positive for COVID-19? ___ Yes ___ No
Did the Deceased travel out of the Country within the last 90 days? ___ Yes ___ No
If so, what County? _____
Have any immediate family members traveled outside the Country in the last 90 days? ___ Yes ___ No If so, what Country? _____

Answering the above questions accurately will help us protect you, the families we serve, our staff and affiliates, our Community and our Country. Thank you for understanding and supporting our commitment to eradicate COVID-19 / Coronavirus 2019.

If the death of the deceased was due to COVID-19/Coronavirus 2019, or COVID-19/Coronavirus 2019 was an underlying condition, an additional Transportation Health and Safety Care Fee will apply. The Transportation Health and Safety Care fee for a decedent less than 250 lbs is \$155.00. This additional fee is charged to insure containment of contamination and special safety and care during transportation for our staff, affiliates and the families we serve.

Date: _____ Funeral Director/Counselor: _____
Name Printed: _____ Signature: _____
Address: _____ City _____ State _____ Zip _____
Cellphone: _____ Home Number: _____