**Section 500.APPENDIX G Death Records**

**Section 500.ILLUSTRATION A Report of Death**

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| **Illinois Department of Public Health**  **Division of Vital Records** | | | **REPORT OF DEATH**  **FUNERAL DIRECTOR** | | | | |
| NAME OF DECEASED | | | | | | DATE OF DEATH | |
| PLACE OF DEATH (STREET OR INSTITUTION) | | CITY | | | COUNTY | | VETERAN  YES  NO |
| PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY) | | | | | | | |
| CREMATION | SHIP OUT OF STATE | | | CORONER OR MEDICAL EXAMINER | | | |
| IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY | | | | | | | |
| NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE | | | | | | | |
| I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE  SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, FUNERAL DIRECTOR | | | | | | | |
| FUNERAL HOME NAME AND ADDRESS | | | | | | | |

**(SEE REVERSE SIDE FOR INSTRUCTIONS)**

VR205 (8/89) PART 1

**INSTRUCTIONS TO FUNERAL DIRECTORS**

1. In every case a Report of Death must be mailed (or otherwise filed with) the Registrar of the District in which death occurred within 24 hours of taking possession of the body.
2. If the body is to be cremated, shipped out of state or is a Coroner/Medical Examiner case, a permit signed by the Registrar must be obtained prior to final disposal of the remains.
3. A corrected death certificate must be filed with the Registrar where the death occurred in order to receive a signed permit as required in (2) above. In all other cases a completed death certificate must be filed with the Registrar where the death occurred within seven (7) days from the date of death.

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)