

## Office of the Sheriff - Henry County

## **Death Notification Form**

	Date:
Detainee Ir	oformation.
Verified by:	Date Verified:
Name of Detainee to be notified:	Date vermed.  Date of Birth:
Name of Detained to be notified.	Date of Birtii.
Information o	of Deceased
Name:	
Date of Birth:	Date of Death:
Relationship to Detainee:	
Message Carri	er Information
Name:	
Address:	
Phone Number:	Alternate Phone Number:
Email Address:	
Email Address:	
Email Address:  Funeral Home	e Information
Funeral Home	e Information
Funeral Home Name of Facility: Address:	Information
Funeral Home Name of Facility: Address:	Phone Number:
Funeral Home Name of Facility: Address:	
Funeral Home Name of Facility: Address:	
Funeral Home Name of Facility: Address:	
Funeral Home Name of Facility: Address:	
Funeral Home Name of Facility: Address: Contact Person:	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fine.	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fine.	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fit taff member.***	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fit taff member.***	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fit taff member.***  Inmate Jacket Number:	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fit taff member.***  Inmate Jacket Number:  Has the message carrier provided supporting	Phone Number:
Funeral Home Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fit taff member.***  Inmate Jacket Number:  Has the message carrier provided supporting	Phone Number:
Funeral Home  Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fit taff member.***  Inmate Jacket Number:  das the message carrier provided supporting notification? Yes No	Phone Number:
Name of Facility: Address: Contact Person:  **Do not write below this line. This information will be fixed ff member.***  Inmate Jacket Number:  Has the message carrier provided supporting notification? Yes No	Phone Number:  illed out by the appropriate Henry County Sheriff's Office  documents in their state for a death