



Office of the Sheriff - Henry County

Death Notification Form

Date:

Detainee Information

Verified by:	Date Verified:
Name of Detainee to be notified:	Date of Birth:

Information of Deceased

Name:	
Date of Birth:	Date of Death:
Relationship to Detainee:	

Message Carrier Information

Name:	
Address:	
Phone Number:	Alternate Phone Number:
Email Address:	

Funeral Home Information

Name of Facility:	
Address:	
Contact Person:	Phone Number:

*****Do not write below this line. This information will be filled out by the appropriate Henry County Sheriff's Office staff member.*****

Inmate Jacket Number:

Has the message carrier provided supporting documents in their state for a death notification? Yes No

Date Notified:	Detainee Notified by:
Verified by:	Date Verified: