KENDALL COUNTY ★ CORONER'S OFFICE

REGISTRATION GUIDELINES FOR ANTICIPATED HOSPICE DEATHS

1. The patient must reside within Kendall County.
2. Complete the required Kendall County Hospice Registration Form and submit it via email to staff@kendallcoroner.org or via fax to (630)553-4116 as soon as possible. These forms may be submitted 24 hours a day.
3. The doctor listed on the hospice registration for ***MUST*** be willing to sign the death certificate according to their diagnosis.
4. When death occurs, please advise the responding nurse to call the Kendall County Coroner's Office directly at (630)553-4200. If there is no answer, follow the prompts for reporting a death and you will be transferred to the KenCom Dispatch Center. Advise the dispatcher that you have a hospice death and need to speak with the on-call Coroner. The Coroner or Deputy Coroner on-call will be paged and will contact the caller within 15 minutes.
5. The representative from the Coroner's Office will verify the hospice registration information at the time of the call, as well as ask for the time of death, recent injuries, and recent vaccinations. All information on the Kendall County Hospice Registration Form should be available for the nurse to relay to the on-call Coroner at the time of notification. The hospice nurse must have permission from the on-call Coroner ***PRIOR*** to releasing the body to the funeral home.
6. Please notify the Coroner's Office via fax or email (above) if your hospice patient moves, expires outside of Kendall County (is transported to a hospital, etc.), or if the patient is no longer receiving care through your hospice agency.
7. Please note that at the time of death, the Kendall County Coroner maintains jurisdiction over the decedent and can facilitate any changes to protocol deemed necessary (including, but not limited to, formal on-scene investigations involving police, fire, responding Coroner, etc.).
8. If you have any questions, please do not hesitate to contact the Kendall County Coroner's Office at (630)553-4200.

KENDALL CORONER

HOSPICE REGISTRATION FORM
COUNTY OF KENDALL, ILLINOIS

Patient Information:

Name of Patient: _____

Gender: _____ Ethnicity: _____

Date of Birth: _____

Height: _____ Weight: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Next of Kin Information

Name: _____

Address: _____

City, State, Zip: _____

NOK Ph#: _____ Relationship to Pt.: _____

Medical Information:

Signing Physician: _____

Physician Ph#: _____ Physician Fax#: _____

Primary Diagnosis: _____

Funeral Home: _____

Hospice Agency Information:

Agency Name: _____

Agency Ph#: _____ Admission Date: _____

Name of Reporting Person: _____

For Office Use Only			
Date Rec'd:		Name/ID:	
Date Logged:		Name/ID:	

Print this form. **Email this form.**

Hospice_Registration_Form Rev. 03.06.2024