

Information Sheet for Medical Examiner's Office

Deceased's Name: _____ DOB: _____

Deceased's Address: _____ Phone #: _____

Next of Kin: _____ Relationship: _____

Next of Kin Address: _____ Next of Kin Phone #: _____

Deceased Last Seen Alive Date: _____, Time: _____, By: _____, Relationship: _____

Address Where Deceased Found: _____

Was Deceased Treated In Hospital or ER Recently: _____ Where: _____ When: _____

Any Health/Psychiatric Problems: _____

Medication Deceased was taking: _____

Prescribed by: _____

Name and # of Deceased's Doctor: _____

Date of Last Doctor's Visit: _____ Reason: _____

Law Enforcement Agency: _____ Officer's Name & #: _____

Was the ME Contacted: _____ Name of ME Contacted: _____ By: _____ Time: _____

Was Autopsy Ordered: _____ By: _____ Was Toxicology Done: _____

Notification of Next of Kin By: _____ Date: _____ Time: _____

Was Body Photographed Before Removal: _____ By: _____

If Accident/Car or Other: Where Exactly Did It Happen: _____

Time Of Injury: _____ Homicide: _____ Suicide: _____ Accident: _____ Natural: _____

Personal Effects on Deceased: _____

Items Secured At: _____ By: _____

Items Released To: _____ Relationship: _____

Date: _____ Time: _____ Who Released Items: _____

Who Transported Body: _____ Where: _____

Which Funeral Home: _____

Notes: _____

- Please forward a copy to Sevier County ME's office
- Phone (865) 774-3628 Fax #: (865) 774-3688 Attention: Medical Examiner