



KENDALL COUNTY CORONER
— JACQUIE PURCELL —

**HOSPICE GUIDELINES FOR REGISTERING AN
ANTICIPATED HOME DEATH IN KENDALL COUNTY**

1. The patient must live in Kendall County.
2. Complete the required Kendall County Hospice Registration form and submit it via fax or email as soon as possible. These forms can be submitted 24 hours-a-day.
3. The doctor listed on the hospice registration form **MUST** be willing to sign the death certificate according to their diagnosis.
4. When death occurs, please advise the responding nurse to call the office directly at 630-553-4200, if there is no answer, press '0' and you will be transferred to the KenCom Dispatch Center. Advise KenCom 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 respond to the caller within 15 minutes.
5. The representative from the coroner's office will ask for the time of death and the name of the funeral home that will be managing the arrangements. All of the information on the Kendall County Hospice form should be available for the nurse to relay to the responding 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 if your hospice patient expires outside of Kendall County (transported to a hospital, etc.) or if the patient is no longer receiving care through your hospice agency.
7. Please note 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 office at 630-553-4200.

CARORUM AD CURAM



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**KENDALL COUNTY
HOSPICE REGISTRATION**

Patient Information:

Name of Patient: _____

Home Address/Facility Name: _____

Include City & Zip Code _____

Contact Phone Number: _____

Age: ____ Date of Birth: _____ SSN: _____

Next of Kin Information

Name: _____

Relationship to Patient: _____

Address: _____

Include City, State & Zip: _____

Contact Phone Number: _____

Medical Information:

Diagnosis: _____

Physician: _____

Physician Contact #: _____

Funeral Home (if known): _____

Agency Information:

Hospice Agency: _____

Name of Reporting Person: _____

Agency Contact Number: _____

— CARORUM AD CURAM —