

DEATH / NEAR NOTIFICATION RECORD

DATE:	TIME:	INMATE NAME:	CDCR #:	HOUSING:
CALLER NAME:		RELATIONSHIP TO INMATE:	PHONE NUMBER:	
NAME OF DECEASED:			DATE OF BIRTH:	RELATIONSHIP TO INMATE:
LOCATION OF PERSON/BODY:	PHONE NUMBER:	CONFIRMATION FROM:	DATE OF CONF:	
INMATE NOTIFIED BY:			DATE:	TIME:
NOTES/ADDITIONAL INFORMATION:				
REFER INMATE TO MENTAL HEALTH IF NECESSARY. CALL HOUSING UNIT AND LET HOUSING OFFICER KNOW TO LOOK OUT FOR INMATE, AND IF ADDITIONAL PHONE CALL/COUNSELLING MAY BE NECESSARY				