NOTE: *To be completed upon confirmation of death of a CAPT patient and sent UNDERLINE IMMEDIATELY to the Coordinating Center. A request for a copy of the death certificate should be made to the appropriate agency. The death certificate should be filed in the patient's CAPT file.*

Death Information

1. Date of death:

    __ __ - __ __ - __ __
    Month   Day   Year

2. Cause of death: _____

    _____

3. How was this information confirmed?
    a. Next of kin   ( )$_1$
    b. Medical record   ( )$_1$
    c. Other   ( )$_1$
    d. Specify: _____

    _____

4. Has a Death Certificate been requested?
    ( )$_1$ ( )$_0$
    Yes   No

    → REQUEST A DEATH CERTIFICATE
    FOR THE PATIENT'S CAPT FILE

5. Print name and certification number of clinic
    coordinator completing this form:

    _____ / __ __ __ __
    Name   Cert#

6. Date form completed:

    __ __ - __ __ - __ __
    Month   Day   Year

Visit: XX	ID. No.: __ __ - __ __ __ - C
Form: PD	Name Code: __ __ __ __ __