HEA2788 (10/90)

Ohio Department of Health Division of Vital Statistics

5541.06

Provisional Death Certificate

Do NOT use this form if disposal is by cremation

(See instructions on back)

1. Name of Deceased	Sex	2. Age (approx)	3. Date of Death	4. Date of Burial
5. Place of Death (City and County) & (Name of Hospital or Institution, if place of death)			6. Reg. Dist. No. - Place of Death	
7. Name of Cemetery		8. Address of Cemetery		
9. Name of Physician or Coroner		10. Address of Physician or Coroner		

11. Agreement

I, _____, lic. no. _____ Funeral Director, licensed under the laws of the State of Ohio, being unable to obtain a Death Certificate with the Medical Certification signed by the attending physician or Coroner for the cause indicated below, agree to present a satisfactory Death Certificate to the local Registrar of the district in which the death occurred, within five(5) days from the date of death.

12. Check cause for filing provisional death certificate

- ☐ 1. Physician unavailable due to illness
- ☐ 2. Coroner unavailable due to illness
- ☐ 3. Physician unavailable due to absence from community
- ☐ 4. Coroner unavailable due to absence from community
- ☐ 5. Autopsy or chemical or Biological examination - Results pending
- ☐ 6. Death certificate provided to physician - signature deferred

13. Name of Funeral Home	14. Address of Funeral Home (Street Number & Name or RFd, City, State)
15. Signature of Funeral Director or authorized Representative	16. Signature of person issuing Burial Permit

17. Reg. Dist. No. Place of issuance	18. Date prov. D.C. filed with local or sub-Reg.	19. Date completed D.C. filed with local Reg. of place of death

APPENDIX D
3701-5-02