



## Tracking Sheet

Name of Deceased		Date of Death ____/____/____	Time of Death ____:____ a.m./p.m.
Date of Transfer ____/____/____	Time of Transfer ____:____ a.m./p.m.	Weather Condition	
Transfer was made from:			
Condition of body prior to transport:			
Name of person(s) who made Transfer:			
<b>Deceased was:</b>	<b>Date:</b>	<b>Time:</b>	<b>Temp:</b>
Placed in refrigeration:	____/____/____	____:____ am/pm	_____
Removed from refrigeration:	____/____/____	____:____ am/pm	_____
Placed in refrigeration:	____/____/____	____:____ am/pm	_____
Removed from refrigeration:	____/____/____	____:____ am/pm	_____
<b>Deceased was:</b>	<b>Date:</b>	<b>Time:</b>	<b>Condition of body:</b>
<input type="checkbox"/> Transported to: _____	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Transported to: _____	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Transported to: _____	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Transported to: _____	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Embalmed	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Cremated	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Direct Burial	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Minimum prep.	____/____/____	____:____ am/pm	_____
<input type="checkbox"/> Interment	____/____/____	____:____ am/pm	_____
If applicable: Date remains released to crematory: ____/____/____ Time: _____			
Date cremated remains were delivered/mailed: ____/____/____ Receiving Agent/Person: _____			
Location of interment: _____			
Comments/Other: _____			

If the deceased was at any time transferred from the refrigeration unit for identification purposes and then placed back in refrigeration, the time transferred from refrigeration and time placed back in refrigeration needs to be noted on this form.

**THIS FORM IS TO ACCOMPANY THE DECEASED AT ALL TIMES**  
**THIS FORM IS TO BE PLACED IN THE DECEASED FILE**

