Claim & City Burial Request Checklist

General
✓ ALL spellings of names, dates and times of birth / death must agree throughout ALL paperwork: cover letter, facesheet, clinical summary worksheet, death certificate, burial permit.
✓ All required decedent paperwork must be faxed to OCME Communications at 646-500-5762 as decedents are placed into the BCP and must be complete and competent before case pick-up can occur.
✓ The BCP will not be picked up unless ALL paperwork for ALL claim cases within it have been received and approved by OCME.
✓ Please submit only the documents requested based upon the case type. Please do not attach any additional medical records or otherwise unsolicited documentation.
✓ Cases filed for City Burial will not be processed without Next of Kin Authorization for this disposition type. If NOK are unavailable, please submit the request for the Claim Only disposition.
✓ OCME only accepts fetus / infant remains with a signed request from the legal representative authorized to direct the disposition for City Burial. We do not store fetus / infant remains for Claim Only.
   □ Fetal remains requested for City burial will not require an Induced Termination of Pregnancy (ITOP).

Fax Cover letter
✓ Please indicate the name of your health care facility (HCF).
   □ If your HCF is required to use the electronic death registration system, please submit the name as it is registered with the Department of Health in e-Vital.
✓ Please include a contact person and phone number.
   □ Please note that the hospital general line is NOT acceptable. OCME requests a direct line or extension so that we can promptly address any paperwork concerns.
✓ Please indicate that the decedent is stored in your HCFs assigned BCP.

Clinical Summary Worksheet
✓ Please complete only the required sections. Section E is not required for Claim Only or City Burial requests.
✓ Please indicate ‘unknown’ in fields where you do not have the requested information. Do not leave blank fields.
✓ OCME requires the medical record number for all decedents coming to OCME from a HCF.
✓ OCME requests any aliases known to be used by the decedent.
✓ OCME requests as much next-of-kin (name and contact) information as possible:
   □ Where the NOK are known, the HCF must notify the NOK of the death. Failure to notify NOK of the death of their loved one interferes with the NOK’s right to direct final disposition without delay and may therefore be a violation of the NOK’s right of sepulchre. If the HCF was unable to reach the NOK, all notification attempts must be documented.
   □ Where the NOK are unknown and the HCF is requesting storage at OCME of the decedent for claim only, the HCF shall notify the Public Administrator (PA) of the death and document notification as indicated. Public Administrator Contact Numbers by Borough:
      ▪ Manhattan – 212-788-8430
      ▪ Bronx – 718-293-7660
      ▪ Brooklyn – 718-643-3032
      ▪ Queens – 718-526-5037
      ▪ Staten Island – 718-876-7228
✓ If the patient was admitted or resided in a nursing home (NH), the HCF shall contact the nursing facility and document all details in this section as recorded by the nursing home.
✓ Please provide all available contact information for NOK, PA and NH so that OCME can follow up, as appropriate.
✓ Please select “Yes” or “No” to all screening questions.
✓ Please ensure that the form is signed.

Death Certificate

✓ Please ensure that the method and place of disposition on the death certificate matches the burial permit.

<table>
<thead>
<tr>
<th>DC Field</th>
<th>Claim Only</th>
<th>City Burial</th>
</tr>
</thead>
<tbody>
<tr>
<td>21a Method of Disposition</td>
<td>Other - Interim</td>
<td>Interment / City Burial</td>
</tr>
<tr>
<td>21b Place of Disposition</td>
<td>OCME Morgue</td>
<td>City Cemetery at Hart Island</td>
</tr>
<tr>
<td>22a Funeral Establishment</td>
<td>Office of Chief Medical Examiner</td>
<td></td>
</tr>
<tr>
<td>22b Address</td>
<td>520 1st Ave, NY, NY 10016</td>
<td>520 1st Ave, NY, NY 10016</td>
</tr>
</tbody>
</table>

Burial Permit

✓ Please ensure that the method and place of disposition on the burial permit matches the death certificate or Spontaneous Termination of Pregnancy (STOP) certificate.

<table>
<thead>
<tr>
<th>Type of Disposition</th>
<th>Method of Disposition</th>
<th>Place of Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Only</td>
<td>Other - Interim</td>
<td>OCME Morgue</td>
</tr>
<tr>
<td>City Burial</td>
<td>Interment / City Burial</td>
<td>City Cemetery at Hart Island</td>
</tr>
</tbody>
</table>

In Closing

✓ If any of the above requirements are not met, the case cannot be accepted by OCME.
✓ The HCF must provide hard copies of all documents at the time of removal.
✓ Please visit the OCME official website which includes a “Case Reporting Criteria for Clinicians” page and the clinical summary worksheet and instructions at [www.nyc.gov/ocmereportacase](http://www.nyc.gov/ocmereportacase).
✓ If you require further assistance completing this form, please contact the OCME Communications Department personnel at (212) 447-2030. OCME Communications has staff available to assist 24 hours / day, 7 days / week.