

RANDALL K. GAYLORD

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No Jurisdiction Assumed (NJA) Request Form**INSTRUCTIONS:**

1. This form is to be completed by, or at the direction of, the attending physician.
2. Complete Part I and fax to San Juan County Prosecutor/Coroner at (360) 378-3180. Keep original.
3. Upon death of patient:
 - Call 378-4151 and notify sheriff dispatcher of death.
 - Complete Part II and fax to Prosecutor/Coroner at 378-3180.
 - Mail original to Prosecutor/Coroner at the address above.

PART I PATIENT INFORMATION				
NAME (LAST, FIRST, MI)			SOCIAL SECURITY NUMBER	
DATE OF BIRTH (MM/DD/YYYY)	AGE	MALE	RACE	
		FEMALE		
STREET				
CITY	STATE	ZIP	PHONE	
NEXT OF KIN (LAST, FIRST, MI)			RELATIONSHIP	
STREET				
CITY	STATE	ZIP	PHONE	
PHYSICIAN/NURSE INFORMATION				
CONTROLLING PHYSICIAN'S NAME				
STREET				
CITY	STATE	ZIP	PHONE	
ATTENDING NURSE'S NAME			PHONE	
PATIENT'S DIAGNOSIS (MEDICAL Hx)				

I am aware of the patient's diagnosis and medical history and I am willing to sign the death certificate.

CONTROLLING PHYSICIAN'S SIGNATURE

DATE

PART II POST MORTEM INFORMATION			
DATE OF DEATH (MM/DD/YYYY)		TIME OF DEATH (HRS)	
PLACE OF DEATH (FACILITY NAME)		FACILITY PHONE NUMBER	
REPORTED BY	RELATIONSHIP/TITLE	PHONE	
INFORMATION RECEIVED BY & TITLE	DATE (MM/DD/YYYY)	TIME (HRS)	NJA CASE NUMBER ASSIGNED