



**Kankakee County Coroner's Office**  
**Robert J. Gessner, Coroner**  
**(815) 802-7190**



**Hospice Pre-Registration Form**

New

Readmission

Update

Date of Report: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Location: \_\_\_\_\_  
 (Residence, Name of Hospital, Name of Nursing Home, Specify Other)

Date of Admission to Hospice: \_\_\_\_\_

Terminal Diagnosis: \_\_\_\_\_

Comorbidities: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

**Next-of-Kin Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please e-mail this completed form to the Kankakee County Coroner's Office at [lmjones@k3county.net](mailto:lmjones@k3county.net)

**YOU MUST NOTIFY THE CORONER AT THE TIME OF DEATH AT**  
**(815) 933-3327**