



Richard Ploch

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**Hospice
Coroner Information Form**

Hospice Name _____ Phone _____

Patient Name _____ Phone _____

Social Security Number _____ Age _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Next of Kin _____ Relationship _____

Phone _____

Address _____

City _____ State _____ Zip _____

Physician _____ Phone _____

Diagnosis _____ Time Line _____

Advance Directives _____

Funeral Home _____ Phone _____

Valid DNR Person Reporting _____

Gift of Hope Call 877-577-3747 or visit Giftofhope.org

Please pre-register **ALL** LaSalle County Hospice patients with our office.