

Section: HRMC Division of Nursing

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Issue Date: October 26, 1995  
Revised Date: May 11, 2005

### GUIDELINE

**TITLE: PERSONAL PROPERTY RECEIPT FORM FOR DESIGNEE UPON PATIENTS DEATH**

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**PURPOSE:** To outline the steps needed to account for the patient's personal property to designee at the time of a patient's death.

**LOCATION:** Morgue packets located on each nursing unit

**CONTENT:**

- A. Identify patient by name; check against the Valuables/Belongings Log if one has been completed.
- B. Date form is being completed.
- C. Time form is being completed.
- D. Identify and describe belongings being sent to Materials Management.
- E. Place a check mark if the patient has valuables in the hospital safe.
- F. Signature of person in Materials Management or funeral home accepting belongings.
- G. Signature of staff member giving belongings to family.
- H. Signature of person and relationship of person taking belongings.
- I. Signature of staff member releasing belongings.
- J. Stamp with patient Addressograph.

PATIENT'S NAME:

DATE:

TIME:

DESCRIPTION OF PERSONAL PROPERTY:

VALUABLES IN SAFE: \_\_\_\_\_ YES      \_\_\_\_\_ NO

PROPERTY RELEASED TO:

PROPERTY RELEASED BY:

PROPERTY RECEIVED BY: \_\_\_\_\_  
Signature of Person and Relationship

WITNESS: \_\_\_\_\_  
Signature and Title

**ATTACH FORM TO BAG AND SEND TO MATERIELS MANAGEMENT WITH BODY**

(Addressograph)

HACKETTSTOWN COMMUNITY HOSPITAL  
**PERSONAL PROPERTY RECEIPT FORM**

