

Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12 NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY			
Full name of person who was deprived of their liberty			
Date of Birth (<i>or estimated age if unknown</i>)		Est. Age	
Date of Death			
Location of person at time of death			
Name and address of the care home or hospital where the person was being deprived of their liberty			
Name and contact details of family member/RPR			
Name of the Supervisory Body			
Person to contact at Supervisory Body	Name		
	Telephone		
	Email		
Contact details of the GP	Name		
	Address		
	Telephone		
<p>SUBMITTING THIS NOTIFICATION Before the doctor has signed the Death Certificate, the Managing Authority must send a copy of this notice to the local Coroner's Office. This is so the Coroner can commence an investigation under Section 1(2)(c) of the Coroner's and Justice Act 2009.</p>			
<p>As soon as practicable the Managing Authority must also give a copy of this notice to the following:</p> <ol style="list-style-type: none"> 1. The Supervisory Body for the hospital or care home 2. Any IMCA instructed for the person 3. Every person named by the Best Interests Assessor in their report as an interested person whom they have consulted in carrying out their assessment 			
Signed (<i>on behalf of the Managing Authority</i>)	Name		
	Print Name		
	Date		