

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		Joe Bloggs	
Date of Birth (<i>or estimated age if unknown</i>)		01.01.1940	Est. Age 75
Date of Death		13.10.2015	
Location of person at time of death		To be completed	
Name and address of the care home or hospital where the person was being deprived of their liberty		Lawn Care Home Station Road Sutton in Ashfield Notts NG17 5GA	
Name and contact details of family member/RPR		Mrs Bloggs	
Name of the Supervisory Body		Nottinghamshire County Council	
Person to contact at Supervisory Body	Name	Carol Evans	
	Telephone	01623 434747	
	Email	dol@nottsc.gov.uk	
Contact details of the GP	Name	To be completed	
	Address	To be completed	
	Telephone	To be completed	
<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	Please sign here	
	Print Name	e.g. Terence Moore - Manager	
	Date	14.10.2015	