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| --- | --- | --- | --- | --- | --- | --- |
| 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 (*or estimated age if unknown)* | | |  | | 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 | |  | | |
| **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. | | | | | | |
| As soon as practicable the Managing Authority must also give a copy of this notice to the following:   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  *(on behalf of the Managing Authority)* | Name | | |  | | |
| Print Name | | |  | | |
| Date | | |  | | |