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|--|------------|----------|--|
| Case ID Number:  |            |          |  |
| <b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12<br/>NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY</b>  |            |          |  |
| Full name of person who was deprived of their liberty  |            |          |  |
| Date of Birth ( <i>or estimated age if unknown</i> )   |            | Est. Age |  |
| <b>Date of Death</b>   |            |          |  |
| 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      |          |  |
| <b>SUBMITTING THIS NOTIFICATION</b><br>As soon as practicable the Managing Authority must give a copy of this notice to the Supervisory Body for the hospital or care home |            |          |  |
| Signed<br>( <i>on behalf of the Managing Authority</i> )   | Name       |          |  |
|  | Print Name |          |  |
|  | Date       |          |  |