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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 |  |
| **SUBMITTING THIS NOTIFICATION**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*(on behalf of the Managing Authority)* | Name |  |
| Print Name |  |
| Date |  |