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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 | | |  | | |