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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**In accordance with Section 1(2) of the Coroners & Justice Act 2009, 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 will be achieved by the Managing Authority submitting this notification to the Supervisory Body, who will provide MCC legal Services with this notification to supply to the Coroner.**Contact details for Nigel Meadows, HM Coroner for Manchester, as follows: John HudsonHM Coroners Office Manchester (City) CentralService Team Manager / First Officer to HM CoronerManchester (City) DistrictThe Coroners Court,Crown Square,Manchester, M60 1PRTel 0161 830 4222Fax 0161 830 4328 |
| 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
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| Signed*(on behalf of the Managing Authority)* | Name |  |
| Print Name |  |
| Position |  |
| Date |  |