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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12**  **NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY** | | | | | |
| Full name of person who was deprived of liberty | |  | | | Sex |
| Date of Birth (or estimated age if unknown) | |  | | | |
| **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 / Relevant Person’s Representative | |  | | | |
| Name, address and contact details of the Supervisory Body | |  | | | |
| Contact details of the GP | |  | | | |
| **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 and also to the person’s GP.** | | | | | |
| 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 | | | | | |
| **PLEASE NOW SIGN AND DATE THIS FORM (signed on behalf of the Managing Authority)** | | | | | |
| Signature |  | | Print Name |  | |
| Position |  | | | | |
| Date |  | | Time |  | |