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| **RECORD OF THE FACT OF DEATH** |
| Full name of Deceased: |
| Last known occupation: I | I Date of Birth: | *I* | *I* |
| I NHS No: | I Sex: |  |  |
| Usual Address: |
| Name and address of General Practitioner: |  |
| Name of clinician that conducted last review (remote review accepted): |  |
| Date of review: | *I* | *I* |  |  |  |
| Name and address of next of kin/responsible person: |
| Telephone Number/s: |
| Who identified the body to you? |
| Persons present at death (occupation/position/relationship to the deceased): 1.2. |
| Time death Recorded (24hr) | I | Noted: Absent heart sounds/pulses Absent respirationsPupils fixed | Yes/No Yes/No Yes/No |  |  |
| Place of Death: |
| Pacemaker in situ?Any surgery within 12 months? If yes, please provide details: | Yes/No Yes/No |  |  |
| Is there obvious injury? Yes/No **Cause of death (expected deaths)** 1a.b.c.2.**Unexpected deaths** - such as road traffic collisions, suicides and accidents. This will be managed via the standard emergency service responseIf "yes", the police/ coroner must be notified. |
| I verify the fact of death Yes/NoI authorise the removal of the body Yes/NoI have informed the police Yes/No .**Signed: Date:** *I I* **Time** .**Print name****GMC/NMC number:****Please can this document be scanned and emailed to BARDOC and leave original with family.** |

**Email:** **bardoc.gmdc@nhs.net** **Tel: 0161 763 8296**

**Document approved by: Dr Zahid Chauhan, Chief Clinical and Governance Officer, Dr Tom Tasker and Dr Tracey Vell as Joint clinical leads**

**Version 1.0 Verification of the fact of death Date: 29/03/2020**