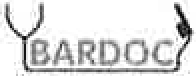
... *(*



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 respirations  Pupils 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 response  If "yes", the police/ coroner must be notified. | | | | | | | |
| I verify the fact of death Yes/No  I authorise the removal of the body Yes/No  I 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**](mailto: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**