**Notice of Death**

**Patient details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Hospital No |  |  |  |  |
| Date of Birth |  | Religion |  |  |
| Date of death |  | Time |  | Age |
| Ward |  |  |  |  |

**Bereavement information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Next of kin |  | Relationship |  |  |
| Best contact numbers |  |  |  |  |
|  |  |  |  |  |

**Clinical details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High Risk |  Yes  |  No  |  |  |
| Qualify risk |  |  |  |  |
| Pacemaker/ICD fitted |  Yes   |  No  |  |  |
| Cornea donation offered | Yes  |  No   |  |  |
| If not offered state why |  |  |  |  |
| Family decision: |  Proceed  | **National referral centre must be contacted 0800 432 0559** |
|  Declined  |
| **List all property with patient** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Print name |  | Sign |  |  |

Mortuary use only

|  |  |
| --- | --- |
| Location | Size |