

CONFIRMATION OF FACT OF DEATH^{v3 2020}

TO BE LEFT WITH THE DECEASED FOR FUNERAL DIRECTOR

NAME OF PATIENT	
ADDRESS	
DATE OF BIRTH	
OWN GP - NAME	
OWN GP- ADDRESS	

DATE OF CONFIRMATION OF DEATH	
TIME OF CONFIRMATION OF DEATH	
CONFIRMING QUALIFIED NURSE - NAME	
CONFIRMING QUALIFIED NURSE - SIGNATURE	
HAS THE DECEASED SEEN THEIR OWN GP IN THE LAST 28 DAYS	YES / NO
DOES THE PATIENT HAVE ANY IMPLANTABLE DEVICES, e.g. pacemaker or implantable cardioverter defibrillator (ICD)	YES - state type and position NO DON'T KNOW
DOES THE PATIENT HAVE ANY INFECTION	YES - state type NO
Name and address of funeral director to be used (if known) –	
Is the deceased for cremation?	
YES	NO Don't Know

THIS IS NOT A DEATH CERTIFICATE

Death certificates are obtained via the patient's own GP.