**Notification Procedure Following Verification for Community Services**

**CONTRAINDICATIONS HAVE BEEN IDENTIFIED**

Name of GP

Address

Address

Address

Tel Number

Fax number

Date

Dear

**Name of Patient:**

**Address:**

**Date of Birth:**

**NHS Number:**

I saw this patient on -------------- --at ------------- hours and verified that death had occurred.

I am referring this patient back to you as per The Verification of Expected Death

Policy for the following reason/s:

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• ----------------------------------------------------------------------------------------------

I have therefore not authorised the removal of the body by the undertakers.

The Coroner requires the details of the healthcare professional who verified death, please can you add this to you Coroner referral.

Verification of Expected Death by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours sincerely

Name

Position

Location