**GEN 18**

**SOUTH YORKSHIRE POLICE**

**Report of Death**

**To: H.M. CORONER Officer**……….…………………….………………………………

Sub – Division……………………………....

**1. Particulars of Deceased**

Full name: If married woman include married and maiden name:

Permanent address:

Occupation:

Date and place of birth:

Age:

Marital status:

Date of birth:

Name and address of surviving spouse:

Telephone no:

Name and address of contact if different from above:

If deceased was a married woman or widow, give name and occupation of husband:

If deceased was 15 or under, give name and occupation of both parents or guardian:

**2. Medical History**

Name, address and telephone of deceased’s own doctor:

When was deceased last seen by own doctor?

**3. Identification**

By whom: If different to above, state relationship, name, address and telephone no:

Is own doctor prepared to certify cause of death? YES/NO

To whom identified:

Date and time of death:

Place of death:

Body now at:

By whom removed:

Name of doctor pronouncing life extinct:

**4. Name and address of undertaker:**

**Y / N**

**Assessor Name: Assessor Sign: Assessor Qualifications: Date:**

**Print Name) (Signature)**

 **RDaSH Clinical Skills Assessor: Y / N**