**LETTER 1 – No Contraindications**

**Notification Procedure Following Verification of an Expected Death for Community**

**Services**

Name of GP

Address

Address

Address

Tel number

Fax

Date

Dear

**Name of Patient:**

**Address:**

**Date of Birth:**

**NHS Number:**

I saw this patient on -------------- at ----------- hours and verified that an expected death had occurred (certifiable).

I have therefore authorised the removal of the body by the undertaker and asked the family/carer to contact your surgery between 08.30 and 10.00am on -------- to discuss certification.

Yours sincerely

Name

Position

Location

Page