

**Information required by GP when a patient passes away – Please Complete**

***\*Once the GP receives this information they will advise the home regarding cause of death***

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| Patient Name   |  |
| Patient date of birth  |  |
| Date of Death  |  |
| Time of Death  |  |
| Named Nurse/Carer  |  |
| Name and Profession of persons present at the death of the patient |  |
| Has the patient got a pacemaker that you know of?                  |  |
| Is the patient for Burial or Cremation?                            |  |
| Name and Contact details of the Funeral Director                   |  |
| Name and Contact Details for the Patient's Next of Kin             |  |