Death Notification Form



Guidance Notes

Please complete this form within 48 hours of a death occurring in accordance with section 2A or as soon as possible and in any event within 7 days of a sudden unexplained death in accordance with section 2B.

The form should be completed in legible writing using a ballpoint pen in black ink. Please ensure that all fields are completed.

A copy of the form should be sent to the Mental Health Information Officer, Standards and Quality Assurance Division, Mental Health Commission, St. Martin's House, Waterloo Road, Dublin 4. Phone: (01) 636 2400 Fax: (01) 636 2440.

1.1	Service user details	
	First Name (Initials):	Surname (Initials):
	Date of Birth: / / / (dd/mm/yyyy)	PPS Number: (where available)
	Home Address:	
	Legal Status: Voluntary Involuntary	Ward of Court Non Applicable
	Marital Status: Married Single Single	Separated/Divorced Widowed
1.2	ICD 10 Diagnosis	
	1.	
	2.	
1.3	Medication prescribed proximate to time of death (please use gen	eric name) Dosage
2.1	Name of Approved Centre/ Day Hospital/Day Centre/ 24 Hour Residence	
2.2	Address of service	
2.3	Name of Unit within above service	
3.1	Date on which Death Occurred (dd/mm/yyyy)	
3.2	Certified Time of Death (24 hour clock e.g. 2.20pm is 14.20)	
3.3	Known Circumstances surrounding Death	
3.4	Exact Location where the death occurred if known	
4.1	Who/what agencies have been notified of the death	
4.2	Review Planned Yes No	Review Taken Place Yes No N/A
4.2	If yes to either/both, please elaborate:	neview lakeli riace tes NO NO N/A
	in yes to etinemboth, please elaborate.	
5.1	Form Completed by	
	Name:	Signature:
	Job Title:	1 5
	Date: / / / (dd/mm/yyyy)	Time: (24 hour clock e.g. 2.20pm is 14.20)
5.2	Submission Date to MHC: (dd/mm/yyyy)	