

Notification of Death

Reporting a Death as per Section 7 of the Coroners Act (Northern Ireland) 1959

GP's: PLEASE NOTE THIS FORM IS SOLELY TO NOTIFY THE CORONERS SERVICE OF A DEATH. IT DOES NOT REPLACE THE PROFORMA LETTER.

Details of Deceased	
Name of Deceased	
Home Address	
Place of Death	
Date of Birth	
Date and Time of Death	
Next of Kin Details	
Name of Next of Kin(NOK)	
Relationship to Deceased	
Contact Number	
Address	
Details of Death	
Contact Name and Number for Doctor Reporting Death (mobile number preferred)	
Life Pronounced Extinct by (Name)	
Life Pronounced Extinct at (Time)	
Name of GP	
Contact Number for GP	
Practice Name and Address of GP	

Coroners Ref No: _____

Circumstances of Death / Brief Medical History	
Does the Deceased have a Pacemaker / Other Device Fitted?	Yes / No

When you have completed this form please email to: deathreportingteam@courtsni.gov.uk