

**VERIFICATION OF DEATH BY A
REGISTERED HEALTH CARE
PROFESSIONAL**

FILE IN SECTION 3

Blackpool Teaching Hospitals 
NHS Foundation Trust

Abbreviations used in this document to be listed here with the full description:

GP- General Practitioner
Tel- Telephone

**Write patient details or affix
Identification label**

Hospital Number:
Name:
Address:

Postcode:
Date of Birth:
NHS Number:

1	The vital signs were checked			
1a	Heart sounds absent for one minute repeat after 3 minutes			
1b	Two central pulses absent for one minute repeat after 3 minutes			
1c	Respirations absent for one minute repeat after 3 minutes			
1d	Pupils fixed and dilated			
2	The patient's death verified at	DATE:		Place/Ward
		TIME (use 24 hour clock):		
3	Partner/relative/friend present at time of death NAME:			Yes
4	GP NAME	Tick	Tel:	No
	Urgent Care Centre		Tel: 01253 956488	
	Preston Primary Care Centre		Tel: 01772 788058	
	Signature of registered health care professional			
Print name of registered health professional				
	DATE		TIME (use 24 hour clock):	