

London Borough of Hillingdon

Initial notification of the death of a child – to be completed as fully as possible within 24 hours. Please complete in BLOCK CAPITALS. DO NOT DELAY

Family name of child				First and other names of child		
Date and time of death				Date of birth of child		
Ethnicity of child			Sex of child			Carer of child at time of death
Name/s of persons with parental responsibility i.e. mother, father or other (state relationship)						
Consanguineous: YES / NO / NK						
Home address of child					Post code	
GPs name			GP address and postcode			
Other children in household or affected by the death	Names (if known)			Ages / DOB (if known)		
Place / locality of death				Contact number		
Senior medical practitioner present at time of death				Contact number		
Is this an unexpected death? i.e. not expected in the previous 24 hours	YES NO	Has this been confirmed by the designated doctor for child death?		YES NO	Is a post-mortem required?	YES NO
Coroner's Officer				Contact Number		
Summary description of the circumstances of the death						
PRINT name			Organisation			
Signature			Date and time of notification			

Please e-mail the form to the following people:

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