

If urgent: Response required by: __ / __ / ____

Reference No.: ____ / ____ / ____

(To be completed by medical examiner's office.)

Reason: _____

Administrative Information

Form ME-1 (Part A)

To be provided to a medical examiner or coroner following a death.

The information provided in this form is confidential.

The administrative information to be provided to a medical examiner or, where necessary, a coroner is prescribed by Regulations made under the Coroners and Justice Act 2009. It can be documented in the deceased person's clinical records or given on this form.

A1. Name of deceased person and the date and time of death

Name: _____ (Forename) (Family name)	Date and time of death: ____ / ____ / ____ (Date) (Time)
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A2. Key information about the deceased person

M/F ____ D.O.B: ____ / ____ / ____ Age: ____ NHS No.: _____ Residential address: _____ _____ _____ _____	Name of organisation responsible for care prior to death: _____ Last occupation (and any relevant work history): _____ _____ _____
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Place and address where death occurred (If address is same as residential, state 'As above'.)

- Home Hospital Hospice _____
 Nursing or care home Other _____

A3. Next of kin, partner, relative or representative of the deceased person (Include more than one if appropriate.)

Name	Relationship	Phone No.	Present at death	Informed
(Provide names of best contacts, see A5.)	(Note if expected to register death.)	(Include mobile No. if possible.)		(If not present)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reference No: _____ / _____ / _____

(To be completed by medical examiner's office.)

A4. Names and contact details for medical practitioners, clinicians etc. (Complete where applicable.)

(Use 'N/A' for not applicable and 'N/K' for not known. If the person's details have been provided in a previous row, state 'As above'.)

Role	Name	Organisation/location	Personal phone/ bleep No. <i>(Not the on-call number.)</i>
Doctor(s) able to write a MCCD* <i>(Must be qualified to certify.)</i>			
Usual GP <i>(or alternative GP at practice)</i>			
Person responsible for nursing or care before death			
Person who verified fact of death			
Hospital consultant responsible for care <i>(where applicable)</i>			

* Medical Certificate of Cause of Death

A5. Information provided by or regarding next of kin

(E.g. concerns expressed about the circumstances or cause of death, who to contact/not contact, people who may be vulnerable, etc.)

A formal complaint has been (or is expected to be) received about care or treatment *(include relevant information above)*

A6. Other relevant administrative information