

Public Health Funerals - Referral Form

National Assistance Act 1948 Sections 48, 50 – 52, 55 & 56/ Public Health (Control of Decease Act) 1984 Section 46

This referral should only be completed and forwarded to the Public Health Funerals department where a statutory funeral is required for a deceased person and there is no other person or organisation liable for the provision of a funeral for the deceased. In addition, one or more of the following must apply:

- The person died in any place within the boundaries of Westminster Local Authority. (The person does not have to be normally a resident of the borough).
- The person died in a hospital within the boundaries of Westminster Local Authority and a burial is required.
- The person died in accommodation provided by the Local Authority Social Services Department (regardless of who pays for the accommodation) and this accommodation was provided under Part III of the National Assistance Act 1948. For example, Residential Accommodation, Sheltered Accommodation, Supported Living Accommodation.
- If the person's death is subject to a Coroner's inquest, post mortem or investigation and the coroner has requested a statutory funeral for the deceased under the Section 46 Public Health Act 1984

A. Personal Details of the Deceased

*Title: *Surname: *First Name:

*Age: *Date of Birth: Place of Birth:

*Date of Death: *Place of Death:

*Marital Status: (Please Circle) Single Married Divorced Widowed Unknown

Religion / Faith of Deceased:

Current or Previous Occupation:

*Location of Body:

B. The Deceased Accommodation (*All fields mandatory)

*Usual Address:

*Status of Accommodation: (Please Circle) Privately owned Rented (Private Landlord) Rented (Local Authority)

*Was the Accommodation Shared?: (Please Circle) Yes No Not Known

Other: (please state)

*Where are the Keys to the Property Located? :

*If Property is rented, Name/Address of Landlord:

*Contact details:

*Name and Contact Details of other persons who has access to the Property:

1.....

2.....

3.....

C1. Informant of Death (this section is to be completed for all non-Coroner referrals – *All fields mandatory)

*GP Name:

*GP Contact Details:

*Has a 'Medical Certificate of Cause of Death' (MED 26) been completed? (Please Circle) Yes No

*Has the death been registered? (Please Circle) Yes No

*Has a Cremation Form 4/5 been issued? (Please Circle) Yes No

*Have Death Certificates been obtained? (Please Circle) Yes No

C2. Informant of Death (this section is to be completed for all Coroner Referrals)

*Has a Post Mortem taken place? (Please Circle) Yes No

*Is an Inquest Required? (Please Circle) Yes No

*Has an Interim certificate been issued to the NOK? (in event of an Inquest) Yes No

*Registrars informed of death? (Please Circle) Cremation Form 4/5 Form 100a Form 100b Form 99

*At the point of referring, has the death already been registered? (Please Circle) Yes No

*Informant Name or Death Certificate Entry Reference Number:

Merlin (MG45) reference number:

D. Protection of Property (Police Involvement Only – *All referrers to complete mandatory fields)

*Have the Police had any involvement in discovery of the Deceased? (Please Circle) Yes No

*CAD reference number:

*Police Merlin Report (MG45) reference number:

*If Yes, did the Police force entry into the Deceased property? (Please Circle) Yes No

*If Yes, did the Police remove any property belonging to the Deceased? (Please Circle) Yes No

*Book No: 66 reference number:

*Provide list of Items removed:

*Name of Police Officer: *Officer No:

*Police Station: *Telephone No:

E. Protection of Property (Other)

Has any items of value belonging to the deceased been secured? <i>(Please Circle)</i> <i>(either financial or sentimental)</i>	Yes	No	
Does the deceased have funds held in bank accounts or elsewhere? <i>(Please Circle)</i>	Yes	No	Not Known
Does the deceased have any correspondence of address books containing Information about relatives or friends?	Yes	No	Not Known
Where are the secured items being held?			

F. Details of Next of Kin / Friends / Others

*Next of Kin found: <i>(please circle)</i>	Yes	No
*If Yes, Please provide names & contact details of next of kin, friends or other persons known to the Deceased:		
*Name.....	*Relationship.....	
*Contact Number / Address		
*Name.....	*Relationship.....	
*Contact Number / Address		

G. Details of Other Professional Interested Parties (Social Workers and Health Care Workers)

Please provide names & contact details of professional personnel who were known to the Deceased:	
Name.....	Relationship.....
Contact Number / Address	
Name.....	Relationship.....

*Name of Person Completing this Form:

*Organisation: Designation.....

*Full contact details:

*Signature:..... *Date:.....

Please return the fully completed Referral Form to publichealthfunerals@westminster.gov.uk**Supporting Documentation:**

Any original documents should be sent either by Courier or recorded delivery to the address below. Please inform the Public Health Funeral Office of when the documents are expected to arrive, quoting the name of the deceased and any postal tracking reference numbers to the publichealthfuneral@westminster.gov.uk email inbox.

Public Health Funerals address: Westminster City Hall, 5th floor (South), 64 Victoria Street London, SW1E 6QP.