# Notification of Child Death

**Integrated Business Office is dealing with this Notification Form:**

Tel: 01604 364036 Email: NSCB@northamptonshire.gcsx.gov.uk

This form should be used to notify the NSCB of the death of a child, aged less than 18 years, who:

* Was normally resident in Northamptonshire
* Died in Northamptonshire, or
* Died subsequent to an unexpected event in Northamptonshire

All available details should be forwarded to the Integrated Business Office within 48 hours of the child’s death. Please email the completed form to NSCB@northamptonshire.gcsx.gov.uk

|  |  |
| --- | --- |
| **Date of referral** |    /    /      |
| **Name of referrer** |       |
| **Agency** |       |
| **Address** |       |
| **Postcode** |       |
| **Tel Number** |       |
| **Email** |       |

|  |  |  |
| --- | --- | --- |
| **Full Name of Child Any aliases** |        | DOB    /    /      |
| **Sex** | [ ]  | Male | [ ]  | Female | NHS No.       |
| **Address** |       |
| **Postcode** |       |
| **Ethnic group** | [ ]  | *White* | [ ]  | Black or Black British |
|  | [ ]  | *Mixed* | [ ]  | Chinese |
|  | [ ]  | *If other, please specify* | [ ]  | Not known |

**Details of the death:**

|  |  |
| --- | --- |
| **Location of death or fatal event** **(Give address if different from above)** |       |
| **Date of Death** |  | **Time** |  |
| **Death expected?** | [ ]  | Expected | [ ]  | Unexpected† |
| **Reported to Coroner** |  | Y / N / NK / NA | Date:    /    /     Name:       |
| **Reported to Registrar** |  | Y / N / NK / NA | Date:    /    /     Name:       |
| **Has a medical certificate of cause of death been issued?** |  | Y / N / NK / NA | Date:    /    /      |
| **Post mortem examination:** |  | Y / N / NK / NA | Date:    /    /     Venue:       |

† An unexpected death is defined as the death of an infant or child (aged under 18 years) where there is no prior condition that might be expected to cause the death at that time, and the child dies either immediately or subsequently from the consequences of the precipitating event or collapse.

**Notification Details:**

Please outline circumstances leading to notification. Also include if any other review is being undertaken e.g. internal agency review; any action being taken as a result of this death.

|  |
| --- |
|       |

**Other Significant Family & Household Members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **DOB** | **Relationship** | **Full Address** |
|       |    /    /       |       |       |
|       |    /    /       |       |       |
|       |    /    /       |       |       |

# Details of Agency Contacts

#  Please note that is the notifying agency’s responsibility to clarify these details.

|  |  |
| --- | --- |
| **Agency** | **Name, Address & Tel No.** |
| **GP** |  |
| **Midwife/ Health Visitor/ School nurse** |  |
| **Paediatrician** |  |
| **Police** |  |
| **Children’s Social Care** |  |
| **School/nursery etc** |  |
| **Others (list all known to be involved)** |  |
|  |  |