

Case ID Number:

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 15
DoLS NOTIFICATION OF DEATH

Full name of person who was deprived of their liberty			
Date of Birth (<i>or estimated age if unknown</i>)		Est. Age	
Date of Death			
Name and address of the care home or hospital where the person was being deprived of their liberty			
Name of the Supervisory Body	Stockton-on-Tees Borough Council		
Person to contact at Supervisory Body	Name	Elaine Lamb (DoLS Team)	
	Telephone	01642 528460	
	Email	DOLSAdministration@stockton.gov.uk	
Signed (<i>on behalf of the Managing Authority</i>)	Name		
	Print Name		
	Date		