

Mortuary Identification Form

3. For use by Mortuary staff

Mortuary use only	Mortuary Barcode to be added here
Weight.....kg Fridge number:	
Height.....cm	
Identity checked? Yes / No Valuables checked? Yes / Not applicable	
Presentation of patient on checking in mortuary / remedial action taken: e.g. pad/pants changed OR packing needed	
.....	
.....	
Name of mortuary staff..... Date and time.....	

Pacemakers:
<input type="radio"/> The patient does not have a pacemaker.
<input type="radio"/> The patient does have a pacemaker and this does not require removal (Burial).
<input type="radio"/> The patient does have a pacemaker and this will be removed by the funeral service.
<input type="radio"/> The patient had a pacemaker but it was removed at post mortem.
<input type="radio"/> The patient has an ICD, and this has been deactivated to make it safe for your removal.
<input type="radio"/> The patient had a pacemaker, and it was removed by mortuary staff on gaining consent.

4. For use by the Funeral Director

3 Types of identity checked? Yes / No	Valuables checked? Yes / No / Not applicable
I confirm that I am acting on behalf of the patient's representative, and have the authorisation to remove the deceased into our care, and I am aware of the pacemaker status.	
Name of firm.....	
Name of representative: Print and sign.....	
Mortuary countersignature.....	
Date and time.....	
Acceptable presentation of patient on handover? Yes / No	
If No state reason why.....	
(Mortuary staff to bring any issues to attention of management ASAP)	
Patient identified as radioactive? YES/ NO	

Please Circle
Cremation Burial Part A GP HMC Inquest no PM Other

All sections of this form must be completed in full by relevant area