OLD MUNICIPAL BUILDINGS

CORPORATION STREET

TAUNTON

TA1 4AQ

Tel: 01823 359271

**Fax: 01823 355060**

Email: coroner@somerset.gov.uk

Coroner’s Officers Tel: 01823 363636

Coroner’s Officers Fax: 01823 363103

**SENIOR CORONER**

**Mr T Williams**

Your ref:

Our ref:

**PLEASE NOTE OUR NEW ADDRESS, TELEPHONE AND FAX NUMBERS**

**FOR THE ATTENTION OF DR**

**PLEASE RETURN BY FAX TO 01823 355060**

Dear Sirs,

Re: \_

I write to confirm that (full name)

died on (day) the (date) at (time)

at (place of death)

aged:

To the best of my knowledge, information and belief the Cause of Death was as follows:

I.(a)

 (b)

 (c)

II.

Death in my opinion was due to Natural Causes / Unnatural (Please delete as appropriate)

Please delete as appropriate:

(a) The family do not wish a post mortem

(b) I have seen the body after death OR Dr ………………… has seen the body after death

(c) A brief summary of the events leading up to the death is annexed hereto ………………

Yours faithfully,

…………………………………. GMC Number ……………………………
(Sign and Print Full Name)