

**Request for a Public Health Funeral
Public Health (Control of Disease) Act 1984**

Information Form

1. Full name of deceased:
- If married, maiden name:
2. Address of last residence:
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3. Tenure of property:
4. Date of birth of deceased: Age:
5. Place of birth:.....
6. Date of death:
7. Place of death:
8. Place where body is at present:
9. Occupation of deceased:
- If female, husband's occupation:
10. Next of kin/friend details:
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11. Name/address/telephone number of doctor of deceased:
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12. Name of person notifying death:
13. Address of person notifying death:
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14. Telephone number of person notifying death:

Office use only:

Officer taking details: **Date:**