

DEATH INTIMATION – HOSPITAL TO POLICE**From:**

The Medical Officer

Hospital Name: Sunshine Medical Center Main Branch**Address:** 456 Park Avenue**To:**

The Station House Officer (SHO)

Police Station: jd c**District:** gvkv**Subject:** Intimation regarding death of a patient

Sir / Madam,

This is to inform you that the following patient was brought to / admitted in this hospital and was examined and declared dead. The details are furnished below for your kind information and necessary action as per law.

Patient Details• **Name of the Deceased:** sdc sesc• **Age / Gender:** 11 / Male• **Address:** _____**Hospital & Case Details**• **UHID / IP / OP No.:** 41 / MRN-20251212-5300• **Date & Time of Admission / Brought:** 12/12/2025 11:15:00**Death Details**• **Date of Death:** 2025-12-12• **Time of Death:** 11:18• **Declared Dead By (Doctor):** Dr. kldac**History / Circumstances of Death**

(As alleged by patient attendants / brought by persons)

uyuf

Provisional Cause of Death

fjvjgf

Medico-Legal Information

• MLC Case: Yes

• Post-mortem Required: No

Relatives Informed

• Name & Relationship: jdjdr

• Date & Time Informed: 18/12/2025, 13:18:00

You are requested to take further action as deemed fit.

Name of Medical Officer: Dr. kldac

Signature: _____

Hospital Seal & Date