ALL HEALTH FACILITY MANAGERS

ADVICE TO WESTERN CAPE GOVERNMENT HEALTH FACILITIES REGARDING THE INTERIM MANAGEMENT OF DECEDEENTS IN RELATION TO DEPARTMENT OF HOME AFFAIRS TEMPORARY CLOSURE

Introduction

The Department of Home Affairs (DHA) has taken the decision to close all of its offices for a temporary period and this has led to the unfortunate situation where the remains of deceased who passed away at Western Cape Government health facilities cannot be removed due to the deceased death not being registered at DHA.

Considering the current fluid situation, the Department of Health has taken the decision to allow these remains to be removed by the next of kin’s appointed undertaker or the facility’s contracted undertakers to prevent a backlog of the removal of deceased from health facilities.

Procedure to be followed

Before a deceased may be removed the DHA 1663 death notification form must be completed.

A copy of this DHA1663 should be retained by the health facility.

The cause of death must be due to natural causes, no unnatural deceased may be removed in this manner.

The health facility will request that the undertaker who collects the deceased completes a form as attached where the undertaker accepts responsibility for the proper registration at DHA.

The undertaker must provide the health facility with an address and contact details.

The health facility must record the name and contact details of the individual collecting the remains.

The undertaker shall have 72 hours after the DHA opens to submit proof of death registration to the health facility.

The health facility will keep a copy of the deceased death certificate in the patient folder.

Important notice

Undertakers should be informed that no decedents whose death had not yet been registered with DHA may be cremated.

DR K CLOETE
HEAD OF DEPARTMENT: HEALTH
DATE: 07 MAY 2020
Statement for assuming the responsibility of death registration with Department of Home Affairs (DHA).

1. I …………………………………………………………………………………. (name of person collecting) in my capacity as a representative of ……………………………………………………………………………………………….(undertaker) acknowledge that the death of …………………………………………………………………………………….(deceased) …………………………………………………………………………………….(identity number) must be registered with DHA within 72 hours after the reopening of DHA offices.

2. We take responsibility for providing …………………………………………………………………………………. (health facility) with a copy of the deceased death certificate within 2 days after death registration.

Company name:………………………………………………………………………………..

Company address:………………………………………………………………………………..

Company contact details:………………………………………………………………………………..

Signature:………………………………………………………………………………..

Date:………………………………………………………………………………..