

SPACE FOR BINDING

COUNTERFOIL AP 000000 S

For use by the person completing the certificate.

Name of deceased person

[Text box]

Gender

[Text box]

NHS No.

[Grid]

Date of death

[Grid]

Date last seen alive by me

[Grid]

Age

[Text box]

Place of death

[Text box]

[Text box]

Post-mortem/ additional information\* 1 2 3 4

Externally examined after death\* a b c

a b c

If b, name

[Text box]

and GMC No.

[Grid]

Cause of death:

I (a)

[Text box]

(b)

[Text box]

(c)

[Text box]

(d)

[Text box]

II

[Text box]

[Text box]

Did the pregnancy contribute to the death?

Yes [ ] No [ ] Unknown [ ]

Name (print)

[Text box]

[Text box]

GMC No.

[Grid]

\*Ring appropriate digit(s) and letter

DRAFT CERTIFICATE FOR CONSULTATION

CORONERS AND JUSTICE ACT 2009

Attending Practitioner's Certificate prescribed by the Death Certification Regulations XXXX

MEDICAL CERTIFICATE OF CAUSE OF DEATH

For use only by a Registered Medical Practitioner who is qualified to do so in accordance with regulation 2(2) of the Death Certification Regulations XXXX. The certificate may only be given to a registrar after the certified cause has been confirmed by a duly appointed medical examiner and the date of this confirmation is shown on the certificate. This certificate is not required for any death that is investigated by a coroner.

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Date of Medical Examiner's Confirmation

[Grid]

Registrar to enter No. of Death Entry

Name of deceased person ..... Gender ..... NHS No. [Grid]

Date of death as stated to me [Grid] Date last seen alive by me [Grid] Age as stated to me .....

Place of death .....

- 1 The certified cause of death takes account of information obtained from post-mortem.
2 Information from post-mortem may be available later.
3 Post-mortem not being held.
4 I may later be able to supply additional information for statistical purposes.
Please ring appropriate digit(s) and letter
a Externally examined after death by me.
b Externally examined after death on my behalf by:
Name ..... GMC No. [Grid]
c Not examined after death by me or on my behalf.

CAUSE OF DEATH

The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

Approximate interval between onset and death

I (a) Disease or condition directly leading to death\* .....
(b) Other disease or condition, if any, leading to I(a) .....
(c) Other disease or condition, if any, leading to I(b) .....
(d) Other disease or condition, if any, leading to I(c) .....
II Other significant conditions CONTRIBUTING TO THE DEATH .....
but not related to the disease or condition causing it .....
\*This means the disease or condition that caused death (if an injury or complication, authorised by a coroner); do not record terminal events (e.g. cardiac or respiratory arrest, shock) as the only cause of death.

For a woman, was the deceased pregnant or recently pregnant? [ ] Yes [ ] No [ ] Unknown
[ ] At time of death [ ] Within 42 days before the death
[ ] Between 43 days up to 1 year before death [ ] Unknown
Did the pregnancy contribute to the death? [ ] Yes [ ] No [ ] Unknown

I hereby certify that I attended the deceased in accordance with the Death Certification Regulations xxxx and that the particulars and cause of death given on this certificate are true to the best of my knowledge and belief
Name (print) ..... GMC No. [Grid]
Signature ..... Date [Grid]

For deaths in hospital: please give the name of the consultant responsible for the above named as a patient [Text box]

## MEDICAL CERTIFICATE OF CAUSE OF DEATH

### What is this form?

This form shows the cause of death that has been certified by an attending doctor and confirmed by an independent medical examiner. It has been given to you so that you can use it to arrange for the death to be registered.

You must only be given this form after a medical examiner has confirmed the cause and the date of confirmation has been written on the front of the form by, or on behalf of, the attending doctor.

Before confirming the cause of death, the medical examiner, or someone acting on behalf of the medical examiner, will have spoken with you, or with another person who is qualified to register the death, to answer questions about the cause and to allow any concerns to be raised that might require the medical examiner to make further enquiries or the death to be investigated by a coroner.

### Who can register the death?

One of the people listed below should register the death within five days of the date on which the cause was certified by the medical examiner (see date given overleaf).

This list is given in order of preference.

- Any relative or partner of the deceased who has knowledge of the information required for registration, or
- any personal representative of the deceased, or
- a person present at the death, or
- an occupant of the house, or an official from the hospital, or the person arranging the burial or cremation, or, if the death did not occur in a house or hospital, the person who found or took charge of the body.

### Where to register the death

The form should be taken to the register office shown below. Most register offices ask you to telephone to make an appointment so that a registrar is available when you visit. If you are unable to arrange for an appropriate person to register the death within five days, please call the registrar for advice.

*Note to issuer: Please attach a label with the address and telephone number of the register office in the district where the death occurred.*

Fold here

### What will the registrar ask?

The person who registers the death will be asked to provide the following information about the deceased.

1. Full forename and family name (and maiden name if applicable)
2. Date and place of birth
3. Date and place of death
4. Usual address
5. Occupation
6. Whether the deceased was in receipt of a pension or allowance from public funds
7. If applicable – the name, date of birth and occupation of any surviving spouse or civil partner

### Requirements for registration

A registrar can only register the death and/or provide a certificate for burial, cremation or other means of disposal after:

- This certificate has been taken to the register office and a medical examiner has notified the registrar of the confirmed cause of death shown on the certificate.
- A person who is able to register the death has provided a signature to confirm that the cause of death has been discussed with a medical examiner.

It would be helpful if the person with whom the medical examiner discussed the cause of death could either register the death or attend the register office with the person who will register the death. If this is not possible, the person who registers the death should be told about the discussion with the medical examiner so that s/he can provide the signature mentioned above.

If the person who registers the death raises any concerns that have not been discussed with a medical examiner, the registrar will need to speak with the medical examiner or refer the death to a coroner.

### After registration

Once the death has been registered, the registrar will keep this form and will give you a Death Certificate, which is usually required to settle the deceased person's estate.

The registrar will also provide a certificate for burial, cremation or other means of disposal. This certificate will need to be given to the cemetery, crematorium or a funeral director, if used, with an appropriate application and, for cremations, with evidence that any implants or medical devices have been removed.